MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6813

CERTIFICATE OF DEATH

						Reg. Dist. No		
1. PLACE OF DEATH			2. USUAL RESIDENCE (WH			nı Residence befo	ore admission	n)
	ederick	MARYLAND	9.0	rland	b. COUNTY	Freder	ick	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate lin	nits, write RU	RAL and give ne	arest town)	
Freder		6 days	Middleto	own				
OR INSTITUTION			d. STREET ADDRESS				e. IS RESID	ARM?
	k Memorial H		<u> </u>	L. S			YES 🗌	
3. NAME OF DECEASED (Type or print)	Albert	Middle M e	Ahalt	4. DATE OF DEATH	Month 6	n De	9 19	. ~ (
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years birthday)	IF UNDER 1 YEAR		
nale	white woo	WED DIVORCED	9/15/1874	108	3 yrs.	Months Days	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	or foreign country)	1900	12. CITIZEN C	OF WHAT C	OUNTRY
farm o		farm	Marvlar	br		II.S		
13. FATHER'S NAME	, , ,		14. MOTHER'S MAIDEN N			I GAU		
,T.	oshua D. Ahai	1+	Laura	E. Shaf	'ar			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 1	No. V	INFORMANT	B. Ullar	Addre	155		
(Yes, no, or unknown)	(If yes, give war or dates of service)	none J	. Guy Ahalt.	Middle	town.	Md.		
IR CAUSE OF DE	ATH [Enter only one cause per	linesfor (a) (b) and (c) 1					ERVAL BETV	WEEN
	ATH WAS CAUSED BY:	(o), (o), and (c).)	1-5, and	1 1		ON	SET AND D	EATH
	IMMEDIATE CAUSE (a)	nimary	Lucual	eme		4	2=1	1
162.1	DUE TO	pacements	with com	Talculu	12/5	corof	1	
Conditions, if					,			
gove rise to cause (a), stating								
lying cause last	. (c)							
PART IL O'	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM	NAL DISEASE CON	DITION GIVE	N IN PART 1(0)	19. WAS AL	JTOPSY
PART II. O	monary	Schrosis	3 / never	ous in	face	. 5		NOC .
20a. ACCIDENT W	AS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Port II of	tem 18.)			
(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)							
\$ 20c. TIME OF INJU	JRY Month, Day, Year 20d.	. INJURY OCCURRED 20e. F	PLACE OF INJURY IHome, form	, 20f. (City or to	vn)	(County)		(State)
20c. TIME OF INJU	Whi	ile Nat while	actory, street, office bldg., etc)		,,,		,-
	i i i	rark at work	(Th	tolo	(X			
	that I attended the dece	141	, 190, 4,18		, 1920	,that I last s	aw the d	ecease
alive on	9/4,19	and that deat				nd on the do		
ACTUAL	1:10	-3		ADDRESS (Street, o	ity or lown, s	tote)	DAT	E SIGNE
SIGNATURE		Since	M.D.	LYLL	Soul	///	190	2/-)
PHYSICIAN'S			- + V					
NAME (Type) D	r. A. Talbot	t Brice	Jeffer	son, Mo				
220. BURIAL, CREMATI		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	City, town, or	county)	(State)	
burial	" 6/11/1958	Lutheran	Cemetery	Midd	etown	n. Ma		
23. FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR		TRAR'S SIGNATU	IRÉ	215
C7 a dha	77 / / / / / / / / / / / / / / / / / /	7/2 3 37 - 4	363		0	1	A	

by the funeral director, 2 shauld be filed with LDIRECTOR: After this certificate has been signed by the attending physician and campletely filled auld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages event within 72 hours after death. page 3 should be detached for use as the burial-transit the registrar prior to burial, cremation, or removal, and TO FUN VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death; Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

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(County)

)	6	8	U	8	
j	U	8	U	8	

IS RESIDENCE YES T NO 12

Year

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES [7]

> > DATE SIGNED

(State)

NO [7

(State)

1958

Min.

5M 9/55

CERTIFICATE OF DEATH

0010				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	- L COUNTY	Residence before admission) Frederick
b. CITY OR TOWN (If autside carporate limits, write RURAL and give georest town) Frederick	c. LENGTH OF STAY IN 16 24 Hours		ick_Rural RD#6	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Frederick Memorial Hospi	oddress)	d. STREET ADDRESS Lingan	ore	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) JOHN WILL	Middle LIAM WESLEY B	ENNETT	4. DATE Mont OF DEATH J	th Doy Yeor June 26, 1958
5. SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH 25 Oct 1881	9. AGE (In years last birthday) 76 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stole o	r foreign country)	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Wesley Bennett		Anna May	Andrews	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If yes. give war or dates of service)		over C. Tober	y (Same as i	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause lost. DUE TO DUE TO (b) DUE TO	spration po	harynx		onset and death week
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT I			EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES 23. NO
	Not while fact	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on June 26 , 19	and that death	occurred at 6:15P	M, from the causes a DDRESS (Street, city or town, Shopping Center)	1 1-0 1-10
PHYSICIAN'S Ralph L. Michel:	s, M. D.	Frederick,		
220. BURIAL, CREMATION, 22b. DATE THEREOF 6-30-58	22c. NAME OF CEMETERY OR Mt. Carmel Ce		22d. LOCATION (City, town, of Frederick Cou	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son. Fre	ADDRESS ederick. Marvla		BY REGISTRAR 246 REGIS	STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death; Page 4 may be retained by the haspital or attending physician.

O FUN. AL DIRECTOR: After this certificate has been signed by the attending physician and completely fills, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 fours ofter death. TO FUN VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 6816 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND Frederick Frederick Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Frederick 13 vrs. Frederick d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 307 West 2nd. St. YES T NO TO Chronic Hospital NAME OF 4 DATE First Middle Lost Month Day Yeor DECEASED Paul Blackwell, Sr. June DEATH (Type or print) 10 7. MARKING THE MENTION OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 9. AGE (In years lost bigthdoy) Months Days Hours Min Male White February 22, 1892 WIDOWED TO AL POWORCED THE VES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Contractor and Builder Homes Delaware 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen Blackwell Rachel Draner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Maryland Mrs. Samuel Fisher-307 W. 2nd. St.-Frederick-No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cotse (o), stating the underlying couse lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Month. Day, Year 204 INJURY OCCURRED a. m. While Not while of work of work

20e. PLACE OF INJURY (Home, form. 20f. (City or town) foctory, street, office bldg., etc.)

(County)

1958, that I lost sow the deceased

21. I certify that I ottended the deceased from and that death occurred at 6 JPM, from the causes and on the date stated above. alive on.

W.

ADDRESS (Street, city or lown, stote)

DATE SIGNED 6/6/58

PERFORMED? YES TO NO TO

(State)

ACTUAL SIGNATURE PHYSICIAN'S

NAME (Type)

Rex R. Martin 35 East Church St., Frederick, Md.

22d. LOCATION (City, town, or county)

22b. DATE THEREOF 220. BURIAL CREMATION, REMOVAL (Specify) -1958

22c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

Frederick

(Stote)

Mary and

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Frederick-Maryland 24a, REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE

CERTIFICATION

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06811

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick MARYLAND Frederick b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Brunswick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 12 North Market Street 211 Deleware Avenue YES NO 3. NAME OF First Middle 4. DATE Month Yeor Mary Catherine 21 1958 (Type or print) Bover DEATH June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Female White Months Days Hours May 26-1906 WIDOWED I DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Drug store Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Luther Melone Mary Lou Martin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, WS unknown) (If yes give war at dates of service) Mr. Harvey S. Boyer, Brunswick, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] QNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NOF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) Hour o. m. factory, street, office bldg., etc.) Not while of work at work p. m. 21. I certify that I taok charge of the remains described above, held an Autopsy ... Inspection . and in my apinian death resulted fram: Natural causes 17. Accident ... Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 6/21/1958 ASSISTANT MEDICAL EXAMINER B.O. Thomas **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Sharpsburg, Maryland Mountain View 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Brunswick, Maryland DATE JUN 2 6

A CRYTAND STATE DEPARTMENT OF HEALTH-CALTHINGSE, MEATH OF DEATH

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Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frede	rick	MARYLAND	2. USUAL RESIDENCE (Mary	Where deceased yland	d lived. If institution b. COUNTY	n: Residence be Freder		ssion)
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	rote limits, write Rl	JRAL and give r	nearest tow	m)
	Middletown	Life	XRural-Mic	ddleto	wn			
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give street	oddress) -	d. STREET ADDRESS				ON	SIDENCE A FARM? NO []
3. NAME OF DECEASED (Type or print)	First Harol d	Middle Latimore	lost Brooks	4. DATE OF DEATH	Mont Jun		Day	Yeor 1958
5. SEX Male	6. COLOR OR RACE 7. MAR COLOR CHIDOW	RIED NEVER MARRIED	B. DATE OF BIRTH May 13,	1880	9. AGE (In yeors lost bulhdoy) 70 yrs.	Months Doy		-
10o. USUAL OCCUPATE	ION (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	te or foreign co	ountry)	12. CITIZEN	OF WHA	T COUNTRY
Labore		Railroad	Marylan	nd		U.S	3.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
unkn	sion		unks	rown	/			
15. WAS DECEASED EV	(If yes, give wor or dates of service)		informant Irs. Barbara	a Broo	ks, Mid		m, l	Ad.
Conditions, if a gove rise to couse (o), storing lying couse lost	the under (c)	Je more	me BAL	YINU				
PART II. OI 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	EN IN PART 1(o)	PERF	AUTOPSY ORMED?
20a. ACCIDENT WOR CONTRIBUTION	/AS UNDERLYING (1) G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURE	RED. (Enter noture of injury in	n Port I or Port	I II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	While	Not while	PLACE OF INJURY (Home, for foctory, street, office bldg., e	rm, 20f. (City	or town)	(Count	(y)	(Stote)
21. I certify t	hat I attended the deceo		L-, 1957 to	A from		that I last		
ACTUAL SIGNATURE	(9)	Hem	M.D. Bru		treet city or lown,			ATE SIGNE
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Dr. C. E. Pr	Witt	M.D. Bru	ADDRESS (SI	treet city or foun.	state)	7-5	17=
ACTUAL SIGNATUREPHYSICIAN'S	Dr. C. F. Pr ON. 22b. DATE THEREOF	Litt 22c. NAME OF CEMETERY	OR CREMATORY	ADDRESS (SI	TION (City, town, c	or county)	L C	DATE SIGNE

by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be Plained by the hospital or ottending physician. **D FUN.**I DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO FUN

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6818

CERTIFICATE OF DEATH

Reg. Dist. NO 6813

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1, PLACE OF DEAT	^{тн} 'rederick		MAR	YLAND 2.	USUAL RESIDENCE (W o. STATE Mary	here deceose Land	d lived. If instituti b. COUNTY	-	rede		- 6
	WN (If outside carporate limi jive nearest town) .CK	ts, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF	ederic		URAL and	give near	rest tow	n)
OR INSTITUT	OSPITAL (If not in hospital, grown in hospital).			1	d. STREET ADDRESS	hird S	Street			ON A	SIDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	FLOSSI		Middl	IOTT	Lost CAIN	4. DATE OF DEATH	Mon Ju	ne	Doy 19		Yeor 195 9
s. sex Female	And I .	7. MARE	NEVER MARI	_	ATE OF BIRTH	1898	9. AGE (In years last birthdoy) 59 yrs.	Months Months	Days Days	Hours	ER 24 HRS. Min.
Teacher	PATION (Give kind of work of working life, even if retired	done 10b.	KIND OF BUSINESS High Scho		11. BIRTHPLACE (Stote Marylan		ountry)	12. CI	TIZEN OF		COUNTRY
13. FATHER'S NAM	eorge Ashley	Cain		1	4. MOTHER'S MAIDEN R		y Main				
15. WAS DECEASE (Yes. no. of unknown)	D EVER IN U. S. ARMED FOR	and and	SOCIAL SECURITY N L2-38-7517		Milliam N.	Shire	21 Fairv	iew A	venu	le,	d
Conditions, gove rise couse (o), ste lying couse	if any, which to immediate oring the <u>under-lost.</u> (c	Ca	reiner	un g	apple	di	L			3 n	nos.
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	NT WAS UNDERLYING [] UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY		nter nature of injury in						
Hour o	INJURY Month, Doy, Yes o. m. 19	Whife	NJURY OCCURRED Not while	20e. PLACE foctory	OF INJURY (Home, form , street, office bldg., etc	m, 20f. (City c.)	y or town)		(County)		(Stote)
21. I certificative and signature PHYSICIAN'S NAME (Type)	ty that I attended the	6	illy)	death ac	, 1957, to (9 curred at 6:20 Profession Frederick,	al Bui	n the causes of treet, city or town,	and an I		e stat	deceased ed abave ATE SIGNED 20/58
220. BURIAL, CREA	June 21,		Mount O		EMATORY Cemetery	1	TION (City, town,		aryl	(Stot	le)
	ctor's signature Etchison & So		ADDRESS	Marylar		D BY REGIS	TRAR 246. REGI	STRAR'S SI	1	E	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE/18

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CERTIFICATE OF DEATH

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6819 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Marvland Frederick Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Lifetime Frederick d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X Frederick Memorial Hospital West Second Street NAME OF Middle Lost 4. DATE Day Year DECEASED OF DEATH (Type or print) 195 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER SIXABRES TO B. DATE OF BIRTH AGE (th years lost burthday) IF UNDER 1 YEAR IF UNDER 24 HRS Post Burhou, Months Davs Hours Min. Jan. 2-1894 **必要なるない。 ボード・ドード できないないかいかい** emal 10. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Housewife Own Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Waters Elizabeth Lerch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. Mr. Harry C. Castle-2 W. 2nd. St.-Frederick-No None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TA Jumma 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from cross 4.1. 1951, that I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city of town stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) Dr. A.A. Pearre 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Frederick Burial July 1-1958 Mt. Olivet Cemetery Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATEN 3 A

tul & Son Frederick-Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 M.

CENTISCATE OF DEATH

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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6820	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Whe a. STATE Mary		Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) FIECCILCK	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou X Rocky Ric	tside corporate limits, write RI	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Frederick Memorial Hos		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle T.	CLEN	4. DATE Mon	th Day Year L 10 19 5
5. SEX 6. COLOR OR RACE 7. MARRI White WIDOWEI	ED NEVER MARRIED DIVORCED	Sept. 4, 1	9. AGE (In years lest birthday) 52 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. No during most of working life, even if retired) Machine operator Co	ontracting	USTRY 11. BIRTHPLACE (Stole o Maryland	r foreign country)	U.S.A.
13. FATHER'S NAME John A. Clem		14. MOTHER'S MAIDEN NA Bessie	we Eckenr•de	
AVec on accordance at the second second	SOCIAL SECURITY NO. 17.	Mrs. Harry	Sayler Rec	ess Ridge, Md.
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO DUE TO	e for (o), (b), and (c).]	y edema	tion	INTERVAL BETWEEN ONSET AND DEATH E LONG
Conditions, if any, which gove rise to immediate coese (a), stating the underlying cause last.	Permatic.	beaut dise	asl	Lever
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH 81	JT NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Pa	art I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a. m. 19 While of work	Not while	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County) (Slate)
21. I certify that I attended the decease alive on June 9, 195 ACTUAL SIGNATURE PHYSICIAN'S F. A. D.F.	and the same of th	th occurred at 4:45 A		nd on the date stated above DATE SIGNED
220. BURIAL, CREMATION, 22b, DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY		2d. LOCATION (City, town, o	

TO HOSPITAL TO FUNEX

23. FUNERAL DIRECTOR'S SIGNATURE

Raymond E. Creager

by the haspital ar attending physician.

ADDRESS

24a. REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE

Graceham, Maryland

Thurmont, Maryland

Graceham Cemetery

DATE JUN 1 6 '58

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by the funeral director,

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CERTIFICATE OF DEATH

		V	OTT	OLIVIII	10/11				Reg. Di	st. No.		
	e of DEATH DUNTY Fre	ederick		MARYL		usual residence (o. STATE Mar	Where decesse yland	b. COUNTY	Fre			ion)
RU	RAL and give ne	f outside corporate li carest town) Rural—R.D.		c. LENGTH OF STAY IN		Jeffers		orote limits, write R	-	jive ned	rest town	1
d. NA	AME OF HOSPIT	At (If not in hospitol		oddress)	1	d. STREET ADDRESS Near	Burkit	ttsville			ON A	FARM?
3. NAMI DECE (Type	E OF ASED or print)		First	Middle TRUM	AN	DELAUTER	4. DATE OF DEATH	Mon Ju		13		Year 19 58
5. SEX	le	6. COLOR OR RAC	E 7. MARE	NEVER MARRIED DIVORCED		arch 17, 1	879	9. AGE (In years lost birthdoy) 79 yrs.	IF UNDER Months	1 YEAR Doys	Hours	R 24 HRS. Min.
Con:	JAL OCCUPATION MOST STRUCT	N (Give kind of working life, even if retire) Enge - let	k done 10b. ed)	KIND OF BUSINESS OR State Roads	INDUSTRY	· ·	yland	country)	12. CIT	USA		COUNTRY
13. FATH	DE	miel T. I	eLaut	er	14	Ma	rtha Mo	ock				
15. WAS (Yes, no. o	DECEASED EVE	R IN U. S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO. 20-28-8963	Mrs.	Rachelf K	• DeLa	iter, Sam		Iten	#1	
Co	enditions, if or everise to it use (o), stoting ing couse lost.	mmediate ((b)	dvaneral C	ar Le	rio Seles	vsis.					
CERTIFICATION (IL E		S UNDERLYING CAUSE OF DEAT		CONTRIBUTING TO DEAT					EN IN PAR	T 1(o) 1	9. WAS / PERFO YES []	AUTOPSY PRMED? NO
-	TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER	Year 20d. II While			OF INJURY (Home, for street, office bldg.,		y or town)	(0	County)		(Stote)
21. aliv	I certify the	at I attended the Marce 12	ne deceas	1-10	death oc	., 1952, to_curred at 12:	ADDRESS (S	m the causes of street, city or town, ryland	and on th		te state	
NAA		r. J. Elme				mi	dh	town	an gan day day who who who	7	nd	2
Bull Bull	RIAL, CREMATIO AQVAL-(Specify)	Jane 15		Reformed	-			Middletow		ryl	and (Stote	e)
	R. Etc.		on. Fr	ADDRESS ederick. Mar	rylan	24a. RI	C'D BY REGIS	TRAR 20 REGI	STRAR'S SIG	CHATUI	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUN VS A15 (4) 15M 9/SS

may be stained by the haspital or attending physician.

D FUN A. DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 batts death.

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CERTIFICATE OF DEATH

Red Dist No

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1. PLACE OF DEATH o. COUNTY	** Frederi	ck	MARYLAN	- 1	USUAL RESIDENCE (Who		b. COUNTY		fore odmi	
b. CITY OR TOWN RURAL ond give a Freder		its, write	c. LENGTH OF STAY IN 1	lb /	c. CITY OR TOWN (IF or	derick	mits, write RUR	AL and give n	earest tow	rn)
OR INSTITUTION	hird Street	3 -4 3 -6 10	ddress)		d. STREET ADDRESS 24 East	Third S	breet		ON.	SIDENCE A FARM2 NO
3. NAME OF DECEASED (Type or print)		RLES	MOSS		DODD, SR.	4. DATE OF DEATH	June		8,	1958
5. SEX Male	6. COLOR OR RACE	7. MARRI WIDOWEI	ED MEVER MARRIED [-	ate of Birth Igust 24, 18	93 8	E (In years III t birthday) yrs.	Months Days		
during most of wo	ION (Give kind of work rking life, even if retired oyed Contra)	CIND OF BUSINESS OR IN Building	DUSTRY	11. BIRTHPLACE (Stole of MAry			12. CITIZEN	OF WHA	T COUNTR
13. FATHER'S NAME				14	I. MOTHER'S MAIDEN N					
	rd M. Dodd				Anna	Fink			-11	
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (It yes, give war or dates of NO			Mrs.	Rosie M. D	odd, San	Addres le as it	***		
Conditions, if gove rise to couse (o), stoting lying cause lost Part II. O'	the under:	in Co	The full of the Death	2-72 BUT NOT	RELATED TO THE TERMIN	NAL DISEASE COM	ADITION GIVEN	N IN PART I(o)	PERF	ORMED?
20a. ACCIDENT WOR CONTRIBUTING	/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	IRRED. (E	nter noture of injury in P	ort 1 or Port It of	item 18.)		YES [) NONEA
20c. TIME OF INJU Hour o. m. p. m.		While	Nat while at work		OF INJURY (Home, form, , street, office bldg., etc.		wn)	(Count)	r)	(State
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Dr. Berhar		S and that de			M, from the ADDRESS (Street, on all Build	ling	d on the d	ate stat	
Bur 18 Pecil		1958	Mount Oli			Frederi		county) Ma	ryla	nd
23. FUNERAL DIRECTO M. R. Etc	r's signature hison & Sor	, Fre	derick, Mary	land	24g. REC'E	JIIN 1 2 '5	1 ()	RAR'S SIGNAT	/	

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TO HOSPITAL TO FUN VS A15 (4) 15M 9/55

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DIRECTOR: After this certificate has been signed by the attending physician and campletely fills all be detached far use as the burial-transit permit. Then please remove carban papers. Pages

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requires that the death certificate be executed within 24 haurs after death. Page 4

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M. R. Etchison & Son, Frederick, Maryland

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CERTIFICATE OF DEATH

	:f.A.C	Cr	CERTIFIC	AII	OF DEATI			Reg. Di	st. No.		
	rick		MARYLAND		USUAL RESIDENCE (WI o. STATE Mary:	. 7	d lived. If institution b. COUNTY	on: Resider	eri	e odmi	ssion)
b. CITY OR TOWN (IF	outside carporate lim orest town)	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If	oulside corpo	role limils, write RI	JRAL end	give nec	rest low	m)
Middle			30 year	s X	Middleton	m					
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, s	give street	oddress)	1	d. STREET ADDRESS					ON.	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Oli	ve	Middle E .		Eckard	4. DATE OF DEATH	Mon 6	th	Do	4	Yeor 19 58
5. SEX		7. MARI	RIED NEVER MARRIED	B. D/	ATE OF BIRTH		9. AGE (In years lost birthday)	Months	Days	IF UND	DER 24 HRS.
female	white	WIDOW	ED DIVORCED	1	0/4/1897		6 0 yrs.	Monins	Days	nours	Min.
10a. USUAL OCCUPATIO during most of work	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CI	TIZEN C	F WHA	T COUNTRY?
housewif	e	0	wn home		Maryland	-			U.S		
13. FATHER'S NAME	T Garage	020		14	Loretta		hlow				
William						реас					
15. WAS DECEASED EVER	I IN U. S. ARMED FOR If yes, give wor or dates of t	ervice]			lee E. Ec	kard,	Middle		, M	d.	
Conditions, if or gove rise to in couse (o), stoting t lying couse lost.	he <u>under-</u> DUE TO)))	CONTRIBUTING TO DEATH BU	IT NOT	CPCLUS RELATED TO THE TERM		E CONDITION GIV	EN IN PAI	/	9. WAS	AUTOPSY
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(IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	ar 20d. I While of wor	Not while f		OF INJURY (Home, form street, affice bldg., etc		or lawn)	((County)		(Stote)
actual signature Physician's	or I attended the	19.5 Um	in Harp	-/	\mathcal{D}	M, from	n the causes of treel, city or town.	nd an t		te stat	
270. BURIAL, CREMATION REMOVAL (Specify)	6/6/19	-10	Pleasant V		MATORY Cemeter		TION (City, town, o		7	(Sto	ote)
23. FUNERAL DIRECTOR'S		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS ADDRESS	TEI		D BY REGIST			GNATU	RE	
Gladhill	Company	, Mi	ddletown, M	d.	DATUN	9 '58	llen	edu	ch		

TO FUN VS A15 (4) 1SM 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4,

may be "trained by the hospital ar attending physician.

O FUN ... DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

by the funeral director.

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CEDTIEICATE OF DEATH

06820

5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1884 74 birthdoy) Months Days Hours Tolor Tolor		084	6	CERTIFICA	ATE OF DEATE			Reg. D	ist. No.		
Sumits Durg	. PLACE OF DEATH o. COUNTY	Frederick		MARYLAND	O. STATE		- COUNTY				
d. STREET ADDRESS	RURAL ond give	nearest town)	s, write c. LENC								
DECEASED (Type or pint) Redert H. Fury DEATH June 15 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male White Widowed Never married 1884 7. MARRIED NEVER MARRIED 1884 Mile Widowed Never married 1884 7. MARRIED NEVER MARRIED 1884 Mile Widowed Never married 1884 7. MARRIED NEVER MARRIED 1884 Mile Widowed Never married 1884 7. MARRIED NEVER MARRIED 1884 Mile Widowed Never married 1884 7. MARRIED NEVER MARRIED 1884 Mile Widowed Never married 1884 Mile Lectrician 1884	d. NAME OF HOSP	PITAL (If not in hospital, give	ve street oddress)	1) 313.			OI GIL			e. IS RES	IDENCE FARM?
Male White Widowed Divorced Divorced 1884 74 minors, Months Days Hours Divorced Divorgence of Market Control of the Market Control of Mark	DECEASED					OF	_		-	•	FO
Equing most of wayking life, even if refired) Control Control		9.77. 9 1				.884	Jost birthdoy)				R 24 HRS. Min.
Charles Fury 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (b), stoling the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II.	Electrici	grking life, even if retired)					ountry)	12. CI			
(18) No or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) County Death Was Caused By: IMMEDIATE CAUSE (o) County Due to Conditions, if any, which gove rise to immediate couse (o), stoling the under Jying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUT PERFORME YES N N	Charle	4			Edn						
PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUT PERFORM YES N 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED work Not while of work of w	(Yes, no. or unknown)			4 6 4		erbac			t Ci	Lty	RD
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work of work alive an June 12 . 1 certify that I attended the deceased fram may 30, 1958, ta June 15 , 1958, that I last saw the decay alive an June 12 , 1958, and that death accurred at 3 M, fram the causes and an the date stated and ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE Charles M.D. Emm. FS CUrg Md 6/16	Conditions, if gove rise to couse (o), stoting lying couse lost	IMMEDIATE CAUSE (o). DUE TO ony, which immediate g the <u>under-</u> 1. (c).	Arle	Corona	y Occlus	lion			1	jea.	no te
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alive an June 12, 1958, and that death accurred at 3 AM, from the causes and an the date stated address (Street, city or town, stole) DATE ACTUAL SIGNATURE Charles Rullans MD. Emmits Cuty Md 6/16		10	While _ No	t while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City	or town)		(County)		(Stote)
	21. I certify of alive an	that I attended the curre 12	deceased from		- V/	M, fran	the causes o	and an		te state	
NAME (Type) CONTROLS C. W. III AMS 220. BURIAL CREMATION, 22b. DATE THEREOF J. C. NAME OF CEMETERY OR CREMATORY J. LOCATION (City, town, or county) (Stote) BUREADOXAL (Specify) 6-17-58 United Brethern Cem/ Thurment, Maryland	NAME (Type)							3.5	vler		c)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE RAYMOND E. C'roscor Thambard 127	em	DR'S SIGNATURE	AD	DRESS	24a. REC	D BY REGIST	RAR 246 REGI	STRAR'S SI	IGNATU	RE .	

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by the funeral directar. may be tained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO FUN VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page 4

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VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06821

	0.0	323	CERTIFIC	AIE OF D	EAII	1		Reg. Dis	t. No.	
1. PLACE OF DEATH a. COUNTY	Fraderick		MARYLAND	2. USUAL RESID			lived. If instituti b. COUNTY			
h CITY OF TOWN I	Frederick If outside corporate limit	its write	c. LENGTH OF STAY IN 16	CITY OR T	Mary		ote limits, write R		deric	
RURAL and give n	eorest town)		C. LENGTH OF STAT IN 10	E. CITT OK I	DAMA (IL 6	outside corpore	ore timits, write K	OKAL ona 8	ive nearer	i town)
	Frederick		Years	111		erick				.,
OR INSTITUTION	TAL (If not in hospital, g			d. STREET A						IS RESIDENCE
Frede			Hospital	129 F	io_Ot	h. St.				ES NO
3. NAME OF DECEASED	Fi		Middle	Losi		4. DATE OF	Mon	th	Doy	Year
(Type or print)	WILL	Total Control	CALVIN	GEESE	Y	DEATH	Ju	V-1	29.	19 5
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH		9	P. AGE (In years lost birthday)	IF UNDER		UNDER 24 H
Male	White	WIDOW	DIVORCED [March 3	1, 1	880	78 yrs.	Months	Doys H	lours Min
during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPL	CE (Stote	or foreign cou	intry)	12. CITI	ZEN OF V	WHAT COUN
Self emp	boyed		Contractor& B	iilder		Marylar	ad		USA	
3. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
	Thomas Ge	esey		1-1-1-1-1	Alice	e Snoo	k			
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress		
Yes, no. or unknown)	(If yes, give war or dates of s	ervice)	219-12-0598	Miss Beat	nd on	Coocer	((=====	0- 14		2)
NO CAUSE OF DE	ATM (Catarantuman as	15		MIDD DEGL	TTCE	deepey	(Same	as it		AL BETWEEN
			ne for (o), (b), and (c).]	41		1	,		ONSET	AND DEATH
PARI I. DEA	ATH WAS CAUSED BY: 4	Fice	rebrovasci	rlar 1	nrol	mbos	15		10	2 Min
1420.1	DUE TO	,								
Conditions, if a	ny, which)	36	eneralized	arter	0 50	levos	sic		120	D Yrs
gove rise to i			9							
lying couse lost.	the under-	1 Ac	ute munca	rdial	inf:	arct			1	days
	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B				CONDITION GIV	EN IN PART	1(0) 19	WAS AUTOPS
OTTA VALUE OF THE OTTA	TER STOTE TERMS CON	io morts :	CONTRIBUTION TO DEATH	or nor keened to	THE TEXM	WAL DISEASE	CONDITION	Ela lla LVKI	F	PERFORMED?
PART II. OTI	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in	Port I or Part	II of item 18.)			
20c. TIME OF INJUIT	RY Month, Doy, Ye			PLACE OF INJURY (Infoctory, street, office	lome, forn	, 20f. (City o	or town)	(C	ounty)	(Sto
Hour o.m.	19	While of wor	Not while	tociory, sireer, office	biog., eic	"				
				22 , 1958		Terre :	2050			
A .	nat I attended the	deceas				D	29, 1958			
alive an	une -1	, 12_	, and that dea	th occurred at.			the causes of		e date	
0	00 1					ADDRESS (Stre	eet, city or town,	state)		DATE SIG
SIGNATURE CO.	PL a. M	wid	ws	M.D. Fre	deri	ck Sho	pping	Center	•	7/1/58
PHYSICIAN'S NAME (Type)	Dr. Ralph	L. I	Vichels	Fre	deri	ck. Mar	vland			
220. BURIAL, CREMATIC)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town,	or county)		(State)
REMOVAL (Specify	July 3.19	OKR		Cemetery		Lori	istown			Md.
23. FUNERAL DIRECTOR		770	ADDRESS	o came o'er y	240 BEC	D BY REGISTR		STRAR'S SIG	NATIDE	
		The						3 310	- 7	
M.R.LUC	itteou & Pou	, II	ederick, Md.		DATE	JUL 2	58 00	In ca	ulla	

CERTIFICATE OF DEATH TANKS TO STORAGE SECTION OF THE PROPERTY OF

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	()	824	CERTIF					Reg. Di	st. No.		
o. COUNTY Fr	ederick		MARYLA	(STATE Maryla		d lived. If institut b. COUNTY	, _	deri	-	ion)
B. CITY OR TOWN RURAL ond give Frederic	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If o		rote limits, write f	RURAL ond	give nec	rest town)
d. NAME OF HOS OR INSTITUTION 635 Park	PITAL (If not in hospitol. (Place	give street (oddress)	1	d. street address 635 Pa	rk Pla	ace			e. IS RES ON A YES	IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	BERNAJ		Middle LEE	G)	LBERT, SR.	4. DATE OF DEATH	Mod	June	17	•	Yeor 19 58
s. sex Male	6. COLOR OR RACE White	7. MARR	ED DIVORCED	_	Sept 1899		9. AGE (In years lost birthday) 50 yrs.	Months	Doys	Hours	R 24 HRS. Min.
Superviso	TION (Give kind of work orking life, even if retired 1°) _	KIND OF BUSINESS OR rush Company		Frederick				JSA	F WHAT	COUNTRY
James M.	Gilbert			14	Rosa Matt						
(Yes, no or unknown)	VER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY NO. 14-10-2115	Mrs.	Mary H. G	ilberi		as it	tem ;	#1)	
PART I. D			ne for (o), (b), and (c).)	olyt	inbola	wel			ONS	ET AND	DEATH
PART I. D 63. Conditions, if gove rise to couse (o), stotic lying couse los	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c Ony, which immediate g the under-	De One	ver electioneraliza	d co	recinore of les		luig col		ONS /	ye Ly	DEATH
Conditions, if gove rise to couse (a), storing lying couse lost Part II. Con Contribution (IF EITHER, NOTING LITTLE TO CONTRIBUTION (IF EITHER) (IF EITHER, NOTING LITTLE TO CONTRIBUTION (IF EITHER) (IF EITHER, NOTING LITTLE TO CONTRIBUTION (IF EITHER) (IF EITHER) (IF EITHER) (IF EITHER, NOTING LITTLE TO CONTRIBUTION (IF EITHER) (IF EITHER, NOTING LITTLE TO CONTRIBUTION (IF EITHER) (IF EITHER) (IF EITHER, NOTING LITTLE TO CONTRIBUTION (IF EITHER) (IF EI	Ony, which immediate CAUSE (cony, which immediate constitution on the control of	De Descriptions Co. Description 20d. Its	contributing to DEAT CRIBE HOW INJURY OCCURRED 2	H BUT NOT	nter nature of injury in the other nature of injury in the other of the other other of the other	NAL DISEAS	E CONDITION GI	VEN IN PAR	ONS /	9. WAS PERFO	DEATH ele
PART I. D Conditions, if gove rise to couse (o), stolin lying couse los cousellos couse los cousellos couse los cousellos couse los cousellos cou	EATH WAS CAUSED BY: IMMEDIATE CAUSE (continued on the continued on the con	20b. DESC Descriptions of 20d. It White of work	CRIBE HOW INJURY OCCURRED NOT WHITE NOT WHITE NOT WHITE NOT WHITE NOT WORK NOT WO	H BUT NOT CURRED. (Er foctory,	OF INJURY (Home, form street, office bldg., etc.	Port I or Por , 20f. (City) , 20f. (City) , 20f. (City)	t II of item 18.) r or town) 1953 m the causes treet, city or town.	ven in PAR	ONS // / RT 1(o) 1 / / County)	9. WAS PERFO YES D	AUTOPSY RMED? NO XX

by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death; Page 4 moy be the bospined by the hospital or attending physicion.

O FUN ... DIRECTOR: After this certificate has been signed by the attending physicion and completely filling page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO FUN VS A15 (4) 15M 9/55

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. C. Dick TERRISON . 2 .

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06823

	C917				GERTIFICA			Reg.	Dist. N	0.	
1. PLACE OF DEATH	11023				2. USUAL RESIDENCE (V	Vhere dece	osed lived. If Instit	ution: Resid	dence be	fore odm	ission)
o. COUNTY	rederick		MARYL	AND	o. STATE Marv	land	b. COUNT	Fre	der	iek	
b. CITY OR TOWN (IF and give nearest town	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (II		rporate limits, write				wn)
	urg R.F.B	2	I5 vears	2	vanari /	777	ittsbur	- D	77 77	0	
	AL OR INSTITUTION (IF	not in hosp			d. STREET ADDRESS	Hmm	1 ttsour	S K.	H. P.D.	E. 19 V	ESIDENCE A FARM?
								-			NO [
3. NAME OF	First		Middle		Lost	4. DATE	Moni	h	Day		(ear
(Type or print)	Tucv		Estelle		Glass	OF DEATH	June	20			9 50
S. SEX	1	- MARRIED	NEVER MARRIED	8. 0	ATE OF BIRTH	1111	9. AGE (In years		R TYEAR	IF UND	ER 24 HRS.
Female	White	WIDOWED	DIVORCED [1 1	uly 22.19	TT	46 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work do	ne 10b. KI	ND OF BUSINESS OR IN				1 20	12. CI	TIZEN C	F WHAT	COUNTRY
1	g life, even if retired)	Sel	f-employe	ed	Too Co	37-			TT O		
Paper n:	auker			I	4. MOTHER'S MAIDEN I				u.s	-A-	
	Dowin										
Melvin IS. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. INF	Lucy Bu	TRE	Address				
[Yes. no. or unknown]	(If yes, give war or dates of se		-22-8413								
NO CAUSE OF DEAT	TH [Enter only one cause	nor line fo	os (a) (b) and (a) 1	Po	ul E.Glas	S, E	mmittsb	irg,	B F	D.S	EENI
	H WAS CAUSED BY:	per line ic	(o), (b), and (c).]	0		-			ONS	RVAL BETW	ATH
	IMMEDIATE CAUSE (0)	- 04	rome	11/	in man	ec_			_		
416X	DUE TO	9				77	1				
Conditions, if or		ne	an a		al U	- Chile	-	7			
(o), stoting the		12	Marin	de	ed & de						
cause lost.) (c)_	7	ITRIDUITING TO DELETI								
NOIL PART II. OTH	IER SIGNIFICANT COND	TIONS COL	NIKIBUTING TO DEATH	BULNO	I KELATED TO THE TERM	INALDISEA	SE CONDITION GI	VEN IN PA	RI I(a)		NO [
200. EXTERNAL CAL PRIMARY OF COI CAUSE OF DEATH.	JSE WAS NTRIBUTING 20b.	DESCRIBE	HOW INJURY OCCURR	ED. (Ent	er nature of injury in Por	t I or Part I	II of item 1B.)				
\$ 20c. TIME OF INJUI	RY Month, Day, Year	20d. IN	JURY OCCURRED 20e	PLACE	OF INJURY (Home, form	20f. (Ci	ty or town)	(C	ounty)		(Slate)
20c. TIME OF INJUI	19	While at worl	Not while	tactory	, street, affice bldg., etc	'					
	at I taak charge			abaye	held an Autans	v [47]	Inspection C	Inqu	irv 🗔	1 and	find tha
	from: Natural c						Indetermined			j, and	Tilla ma
000111101101			,		, , , , o i i c i d c	, LJ, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Caose L	٦.		
ACTUAL	RASP				CHIEF MEDICAL EX	KAMINER [7			DATE	SIGNED
SIGNATURE	rxy , no	1			M.D. ASSISTANT MEDIC						
EXAMINER'S NAME (Type)	D O Mham				DEPUTY MEDICAL			30/58	0		
220. BURIAL, CREMATIO	B.O. Thom		2c. NAME OF CEMETER	RY OR CI			ATION (City, town,			(Sto	e)
Burial (Specify)	7-2-58				emetery	-	e Hill,	Vir			
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			D BY REGIS	7		407		
Raymend E	. Creager	Thu	arment, Mo	d.	DATEUL	2 '5	8 del	eau	ch		

VS. AISME(5) SM 9/SS

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	A PROPERTY OF			
THE VIEW OF COUNTY	nom a sure			
				B.Lagari
				SECTION ASSESSMENT
	The do. w. ob said			TARRET I
				Charles A. C.
4				
		ALC: NO		
Rel Torres women of	remarks and an alvesting to the			
	comment of second Con-	A COMPANIE OF MA		
	E essent execution			
	ET SET CHANGE TO MINISTER		about O.E.	
			7	
		Tilling terror, Till	TOLERO,	. 4369

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06824

	- nnn							Reg. Dist. P	No.
1. PLACE OF DEATH	0040			2. USUAL RESIDE	ENCE (W	here decease	d lived. If Institu	tian: Residence I	before admission)
a. COUNTY	FREDERI	CK	MARYLAN	O. STATE	MD		b. COUNT	Fre de	erick
b. CITY OR TOWN (If a	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 11		-	outside corpo	rate limits, write		
and give nearest town)	burg Rur	al	4 yr	X					
d. NAME OF HOSPITA	L OR INSTITUTION (IF	not in hosp	pital, give street address)	d. STREET ADD	DRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF -DECEASED (Type or print) B	RUCE		Middle O	Lost HARBAUGH		4. DATE OF DEATH	Manti Jun •		y Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	8. DATE OF BIRTH		9	. AGE (In years last birthday)	IF UNDER TYEA	R IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED [Aug 31 -	189	94	64 yrs.	Months Days	Haurs Min.
10a. USUAL OCCUPATION during most of working	(Give kind of wark de	one 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	E (State	ar fareign cou	entry)	12. CITIZEN	OF WHAT COUNTRY
Farming	ine, even ir renired)		Self	M	ary	land		U.S.	A
13. FATHER'S NAME	Marin III			14. MOTHER'S MA				0000	
Washin	gton Harba	augh		Sus	mn	Workin	10		
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT	-	11 42 1123	Address		
Yes, no, or unknown] NO	If yes, give war or dates of se		16-30-3256 M	rs Mary A	. H	arboug		esburg	MD
18. CAUSE OF DEATH	Enter only one cause	per line f	or (a), (b), and (c).					, IN	TERVAL BETWEEN
PART I. DEATH	MAS CAUSED BY	1	ar in	-127	ter		Inne .		remiter
420.1	DUE TO			279	2-2-			"	
Canditians, if any				7		/			
gave rise to immedi	ofe cause							14	
(a), stating the ur cause last.	derlying DUE 10								
Z PART II. OTHE		TIONS CO	NTRIBUTING TO DEATH BUT	T NOT RELATED TO THE	E TERMII	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	
Ĭ.									YES NO R
PART II. OTHE	E WAS	DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of injury	y in Part	1 or Part II a	item 18.)		1
20c. TIME OF INJURY	Month, Day, Year			LACE OF INJURY (Homoctary, street, affice blo			r town)	(County)	(State)
Haur o.m.	19	While at wor	k at work	sciory, siteer, divice bic	ag., etc.)				
21. I certify the	at I took charge	of the re	emains described ab	ove, held an A	utopsy	. Ins	pection 🔀:	Inquiry D	, and find that
		-			nicide		determined c		in and indi
	11-1	,							
ACTUAL SIGNATURE	JUDIN	277	the same	M.D. CHIEF MEDI	ICAL EX	AMINER -	6/3	26/1958	DATE SIGNED
					MEDICA	L EXAMINER			
EXAMINER'S D	r B.O. THOM	IAS		DEPUTY ME	DICAL E	XAMINER [
20. BURIAL, CREMATION	, 22b. DATE THEREOF		22c. NAME OF CEMETERY C				Oh! (City, town, o	or county)	(State)
REMOVAL (Specify) Burial	6/28/1958	3	Glade				ersvill		Ма
23. FUNERAL DIRECTOR'S	-1-1-17	_	ADDRESS	244	a. RECVA			TRAR'S SIGNAT	77
Se Co	Barton	t m.	alkareville '		ATE	AY SEGISTE	CO	rearie	
1010 70	I . YICLI MUTT	AA S	OT VELLEAL IN	MICT I DA	AIE				

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any deloy is necessary, please execute if certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwed at the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your ing.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the regist. Final to burial, remaining.

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF MEALTH-BALHMORE, 16 ANEDECAD EXCAMINEL'S CERTIFICATE OF DEATH

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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	1	B	O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regist, Frior to burial, cremation,
EP	01	N	Z
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
682 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Record Company of the Company of

06825

		(/)										Reg.	Dist. No	.00	
	PLACE OF DEATH						2. USUA	L RESIDENCE (Where deced	sed lived.	If Instit	ulion: Resi	dence bel	fore adm	ission)
l '	. COUNTY Frede	erick				MARYLAND	a. STA	Marvl:	and	b.	COUNT	Y Fre	deri	ck	
Ь	. CITY OR TOWN	(If outside corpo	orate limits, write P	URAL	c. LENGTH O	F STAY IN 16	c. CIT	Y OR TOWN (If outside con	porole limi	its, write	RURAL O	nd give n	earest to	wn)
	and give nearest to	erick				Yrs.	11	Frede	rick						
d	Marke		ourth S		pital, give stree	t address)	d. STR	EET ADDRESS 236 A	N. Ma	rket.	St.			ON	ESIDENCE A FARM?
3.	NAME OF		First		Mi	ddie	"	Last	4. DATE		Mont	h	Day	1	fear
	Type or print)	Robert		C	orneliu	s Ha	arding	,	DEATH	June			16	7	9 58
5. S	EX				D WENGE		. DATE OF			9. AGE	n vegra		R TYEAR		ER 24 HRS.
	Male	WI			MIKK KE	Salatile In	Feb.	22.191	2	lost birth	yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPA	TION (Give k	and of work do	ne 10b. K	IND OF BUSIN	ESS OR INDUST					7	12. CI	TIZEN O	F WHAT	COUNTRY?
٥	Attenda:		n if retired)	F-1	lling s	et et e on	1	/arvlan	d			11	.S.A		
13.	FATHER'S NAME	10		1 1 1	JJIII 6	DUAULUII		ER'S MAIDEN				1 0	•D•V	•	
	473	Nr. II-a	a alabas as				25-	and law 10	Only	774					
	WAS DECEASED	EVER IN U. S.			SOCIAL SECURI	TY'NO. 17. II	NFORMANT	rtha E	Sem	111118	Address				. 3
	, no. or unknown) Ces		ld War	!	LL-10-L	ali7 Net	ttie :	Jacobs	Hardin	g 23		Fre	deri	CK-W	d.
	18. CAUSE OF D						0020	,40000	IIOZ CZI	5 -	70 21	110 10	INTER	RVAL BETW	EEN
		EATH WAS CA	AUSED BY:	1		4 7	1	/		*			ONSE	T AND DE	ATH
	11201	IMMEDIAT	TE CAUSE (a)	-	14-1-Pu	7	ma			-			- 2	2/2	our.
	September 16		DUE TO										40		
	Conditions, if		102												-
	(o), stating the	e underlying	DUE TO												
7	cause last.	THEO CICANE) (c)	TIONS CO	NITRIBLITING TO	DEATH BUT A	IOT DELATE	D TO THE TERM	MALAL DICEAG	TIONO 3	1011 011	(F) 1 1) 1 0 a	07.24.12	0. 14/4.6	ALIZABON
ATION	PARI II. C	JINEK SIGNIF	ICANI CONDI	IIONS CO	NTRIBUTING TO	J DEATH BUT N	NOI KELATE	D TO THE TERM	MINALDISEA	E CONDII	ION GIV	EN IN PA		PERFC	PRMED?
	20a. EXTERNAL (TALICE W/AC	201	DECCRIBE	HOW INTERN	OCCUPATO (F	-1				~~~~~			YES [ио 🕖
CERTIFIC	PRIMARY OF CAUSE OF DEAT	ONTRIBUTING	G 🗆 200.	DESCRIBE	HOW INJURY	OCCURRED. (E	nier noture	ot injury in Po	rt I or Part II	of item 15	5.)				
	20c. TIME OF IN		nth, Day, Year	1204 11	NJURY OCCUR	120 - at t	CC OC 11111		1 000 100						
MEDICAL	Hour a. 1	m.		While	Not whil	e facto	ory, street, o	IRY (Home, for office bldg., etc	m, 120f. (Cif	y or town)		(C	ounty)		(Stote)
X	p. 1		19	ot wor			1 1 1				(5-2)				
	21. I certify			-			—		-	nspectio		-		, ond	find that
	death result	ed from:	Noturol co	ouses [X	J, Accider	nt [], Sun	cide,	Homicid	e, U	ndeterm	ined o	couse			
	ACTUAL	RI	220											DATE	SIGNED
	SIGNATURE	BU	The	22	nad	2	m.b.	EF MEDICAL E	_						
	EXAMINER'S	R1	71 76					ISTANT MEDIC		_		Just	419	19	58
	NAME (Type)	1	2, SM	2 m	45			UTY MEDICAL					1	1 /	
220	REMOVAL (Speci	TION, 22b. D			22c. NAME OF				22d. LOCA	TION (City	, town,	or county)		(Stat	e)
_	Burial	Ji		1958	Mount	Olivet	Ceme			derick				Md.	-4-
23.	FUNERAL DIRECT	OR'S SIGNATI	JRE M		ADDRESS	iole Na		24a. REC	D BY REGIS	TRAR 24	b. REGI	STRAR'S S	GNATU	E	

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CERTIFICATE OF DEATH

06826

by the funeral director, and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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may be trained by the haspital or attending physician.

2 FUN IL DIRECTOR: After this certificate has been signed by the attending physician and campletely filling page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. TO FUN

	603	3 OLIKITION	112 01 02/			Reg. Dist. No		
1. PLACE OF DEATH O. COUNTY FT	rederick	MARYLAND	2. USUAL RESIDENCE	(Where deceased li	ved. If institution b. COUNTY	rederi	ore admission	on)
RURAL and give n	If outside carporote limits, ecrest town) unswick	write c. LENGTH OF STAY IN 1b		Brunswi		RAL and give ne	arest town)	
d. NAME OF HOSPI OR INSTITUTION Bel	TAL (If not in hospital, give		/ d. STREET ADDRES	ss Mill Ros	ad		e. IS RESII ON A YES 📆	FARM?
3. NAME OF DECEASED (Type or print)	Charles First	Middle Francis	Heffner	SP 4. DATE OF DEATH	June Month	10		58
s. sex	White	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Aug.16-1	.903	lost birthday) 54 yrs.	Months Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of wor Matinence 13. FATHER'S NAME		Produce c		rland	ntry)	12. CITIZEN		COUNTR
	FORM W.Heff ER IN U. S. ARMED FORCE (If yes, give wor or dates of servi	S? 16. SOCIAL SECURITY NO. 17. I	Anne	Brown le Heffne	Addre		Md.	
Canditions, if a gove rise to i couse (o), stating lying cause last.	the under-	pulmonar metastas	sinsay	lfici.	ences			
CATIC		TIONS <u>CONTRIBUTING</u> TO DEATH BUT				N IN PART I(o)	PERFOR	NO D
OR CONTRIBUTING	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injur	y in Part I or Part II	of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Year 19	20d. INJURY OCCURRED While Not while for work at work	ACE OF INJURY (Home, ctory, street, office bldg.	form. 20f. (City or , etc.)	tawn)	(County)		(State)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the d	leceased from MM. 32, 19 J., and that death RON KAO	n accurred at R		the causes are cit, city or james, si		ite state	
220. BURIAL, CREMATIC REMOVAL (Sporify)	0N. 226. DATE THEREOF	22c. NAME OF CEMETERY OF LOCUST V			N (City, town, or L, Burki		(State	
23. FUNERAL DIRECTOR	/	ADDRESS unswick, Marylan	a	REC'D BY REGISTRA		PAR'S SIGNATU	RE	

DATE JUN 1 6 '58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

06827

	23	50	CERTIFIC	AIL	JI DEA!			Reg. D	ist. No.		
1. PLACE OF DEATH a. COUNTY Fred	lerick		MARYLAND	2. USU/ a. ST			l lived. If instituti b. COUNTY	_	nce befo deri		sion)
b. CITY OR TOWN (III RURAL and give ne Burkittsv		ts, write	c. LENGTH OF STAY IN 16	c. CI		f autside carpoi	rote limits, write R	URAL and	give ned	orest taw	n)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	, d. S.	REET ADDRESS						SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JOH		Middle THOMAS	HE	Lost MP	4. DATE OF DEATH	Mon J1	une	26,	y	Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED	8. DATE 0	Dec 1881		9, AGE (In years last birthday) 76 yrs.	Manths	R 1 YEAR Days	IF UND Hours	ER 24 HRS. Min.
_during most of work	ing life, even if retired)	kind of Business or indi aft Corporatio	-	BIRTHPLACE (Sio		ountry)	US		F WHAT	COUNTRY
13. FATHER'S NAME Albert A.	Hemp				ne O. Ba						
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s			INFORMAN	ma V. He	emp (S	Add ame as i		1)		
Canditions, if a gave rise to it couse (a), stating lying couse lost.	mmediate (Dus To)	everalyed	Ciri	eren.	Sele	rores		2		DEATH
ICATIC	S UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY OCCURR					/EN IN PAI	RT 1(a) 1	9. WAS PERFO YES	DRMED?
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Haur a. m. p. m.	MEDICAL EXAMINER)	ar 20d. II While	Nat while f		NJURY (Hame, fa		or town)		(Caunty)		(State)
	at I attended the	deceas 19_	ed fram. July 2	h accurr	ed of diddleton	ADDRESS (SI	16, 195 on the causes of reet, city or town, yland	and an i		te stat	
Liasure (1)bel	. Elmer Ha				age any allo that the any same gar some may the s						
Burial (Specify)	6-28-58)	Mount Olivet	_	tery	Fred	orick, Ma	aryla		(Sta	le)
23. FUNERAL DIRECTOR		n, Fr	ADDRESS ederick, Mary	land		C'D BY REGIST		STRAR'S SI	GNATU	RE	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6851 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06828 Pon Diet No.

					uag.	DIST. 110.	
1. PLACE OF DEATH a. COUNTY Fre	ederick	MARYLAND	2. USUAL RESIDENCE (o. STATE Mary		b. COUNTY Fre		
and give nearest town	f outside corporate limits, write RI Rural RD#2	c. LENGTH OF STAY IN 16 51 Years		outside corporate	limits, write RURAL o	and give ne	arest town)
d. NAME OF HOSPIT	AL OR INSTITUTION (IF	ot in hospital, give street address)	d. STREET ADDRESS Urban	a			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	GEORGE	OTIS HEN	DRICKSON	4. DATE OF DEATH	Month June	Doy 12,	Year 1958
5. SEX Male		MARRIED NEVER MARRIED DIVORCED DIVORCED	3. DATE OF BIRTH 12 April 1	fost	birthday) Months	Days	IF UNDER 24 HRS. Hours Min.
Owner-Gen	ON (Give kind of work dorn if the control of the co	10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	e or foreign country	12. CI	USA	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
-	lendrickson			Anderson			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	ice)	nformant s. Pearl W. 1	Hendricks	Address on (Same	as i	tem #1)
ICATIC	diote cause dunderlying DUE TO (c)	IONS <u>CONTRIBUTING TO DEATH BUT</u> I					P. WAS AUTOPSY PERFORMED? ES NO A
20a. EXTERNAL CAL PRIMARY Or COI CAUSE OF DEATH.	JSE WAS NTRIBUTING 20b.	DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Po	ert 1 or Port II of item	n 1B.)		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 19	20d. INJURY OCCURRED 20e. PLA While Not while foct at work at work	CE OF INJURY (Home, for ory, street, office bldg., etc	m, 20f. (City or to	vn) (C	ounty)	(Slate)
		f the remains described about uses XIX. Accident . Sui	cide , 'Homicid	e], Undete	rmined cause [_	and find tha
EYAMINED'S -	3. 0. Thomas,	M. D.		EXAMINER .	1	3 Jur	ne 1958
22a. BURIAL, CREMATIO REMOVAL (Specify) Burial	6-14-58	22c. NAME OF CEMETERY OR Mount Olivet			City, town, or county)	- 4	(Stote)
23. FUNERAL DIRECTOR M. R. Etch		Frederick, Maryla	hd	D BY REGISTRAR	24b. REGISTRAR'S S	IGNATURI	E

VS. A15ME(5) 5M 9/55

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AND TAND STATE DEPARTMENT OF HUMBH - SAFIMORE, 18 RST, EMBELGAL EXAMINER'S CERTIFICATE OF DEATH.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF BEATH

		U	020	CERTIFIC	AII	OF DEA	III			Reg. Di	ist. No		
	PLACE OF DEATH	Frederick		MARYLAND	- 11	USUAL RESIDENCE	199	sed lived. If ins b. COU		- 1	nce befo		sion)
1	CITY OR TOWN (III RURAL ond give ne		ls, write	c. LENGTH OF STAY IN 18	,	c. City or town	(If outside cor erick	porate limits, wr	ite RUR	RAL ond	give ne	arest town	n)
,	OR INSTITUTION	AL (If not in hospital, cotin Ave			1	d. STREET ADDRESS	S	in Avenu	ıe				FARM?
	NAME OF DECEASED (Type or print)	Amy	st	Middle Irene	Ki	lost nna	4. DATE OF DEAT		Month June		2	•	Yeor 19 5
5. 5	Female	6. COLOR OF RACE White	7. ANNE	BARRICH IPARCE TO CO		11-1895		9. AGE (In your last birthd	oy) // yrs.	F UNDER Months	Days	1F UNDI Hours	ER 24 HRS. Min.
	during most of work	ing life, even if retired)	KIND OF BUSINESS OR INI		Marylar	nd	country)		12. CI		S.A.	COUNTRY
13.	Enos L	Mayne			14	Susie E		th Shan	kle				
	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of s	ervice)		iss				Addres	18		Mary!	land deric
	Conditions, if a gave rise to it cover (a), stating lying couse lost.	nmediate (, Ch	one M	9 x	Se lengue	1					34	s
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH B	UT NO1	RELATED TO THE TE	RMINAL DISE	ASE CONDITION	GIVEN	N IN PAR	RT 1(a)	PERFO	AUTOPSY PRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury	in Part I or P	art II of item 18	.)				
MEDICAL	20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Ye	ar 20d. It While of worl	Not while	PLACE factory,	OF INJURY (Hame, f street, office bldg.,	form, 20f. (C etc.)	ity or town)		((County)		(State)
	21. I certify the alive an SIGNATURE	at I attended the	decease, 195	ed fram. +-/	M.D.	, 1950 , to curred at		am the cause (Street, city or to	es and	d an t	the do	te state	decease ed abav ATE SIGNE
220		Dr. U.G.Bo		ZZC. NAME OF CEMETERY	OR CR		~	ck-Mary				(Stot	re)
23.	REMOVAL (Specify) Burial FUNERAL DIRECTOR		958	Mt. Olivet ADDRESS rederick Man	Cer	24a. R	Fr SEC'D BY REG JUN 5	ederick ISTRAR 246		Mar RAR'S SI	ylar GNATU		0.214

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral directar, a 2 shauld be filed with may be retained by the haspital ar attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages the registrar priar to burial, crematian, or remaval, and in any event within 72 haurs offer death. TO FUNE VS A1S (4) 1SM 9/SS

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		0023	CERTIFICA	AIL OI DEF			Reg. Di	st. No.		
	o. COUNTY Fr	ederick	MARYLAND	2. USUAL RESIDENCE 0. STATE Mary	(Where deceased)	d lived. If institution b. COUNTY	Carı		admission)	1
	b. CITY OR TOWN (I RURAL and give ne Frederick	f outside corporate limits, write orest town)	Since 3/5/53	c. CITY OR TOWN	I (If outside corpo at Airy		URAL and	4-	st lown)	
	OF INSTITUTION	AL (If not in hospital, give street Odd Fellows Hon		d. STREET ADDRES	SS				IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print)	ARTHUR	Middle SIMPSON	KOLB	4. DATE OF DEATH	Mon J	m une	Day 9.	Yeor 19 58	3
	s. sex Male	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH 20 April	1881	9. AGE (In years lost birthday) 77 yrs.	Months		UNDER 24 HR Hours Min.	
	Retired Retired	ON (Give kind of work done ling life, even if retired)	kind of Business or Indu astice of Peace	West	Virginia		12. CI		WHAT COUNT	IRY?
ľ	13. FATHER'S NAME	A TOWN TO SHARE		14. MOTHER'S MAID						
	Reuben Kol			Sarah A.	Barnes					
		R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		ame As Item	#1/	Addi	ess		1.	
	Conditions, if a gove rise to it couse (a), stating lying couse lost.	m mediate	rtirio.	soleri		<i>J</i>	3	5	Us	a
	STIS .	ER SIGNIFICANT CONDITIONS	,	6	ab r		'EN IN PAR		WAS AUTOPS PERFORMED? ES NO	
	ULL CONTRACTOR	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE							
	20c. TIME OF INJUR Hour a. m. p. m.	While		ACE OF INJURY (Home, ctory, street, office bldg.	farm, 20f. (Cit)	or town)	(County)	(Stol	le)
	olive on	at I attended the decea AND E. J., 19		, 19 5, to occurred of 11:		n the couses of	ond on t	he date	the decea stated obc DATE SIG 11-58	ove
-		William M. Smit	th, M. D.		ck, Md.	TION (City, town,	or county)		(State)	
	REMOVAL Specify)	6-12-58	McKendree Ce		1	ard Count		yland		
1	23. FUNERAL DIRECTOR		ADDRESS	240.	REC'D BY REGIST					
	M. R. Etc	chison & Son, F	rederick, Mary	land DATE	MIN 1 3 '5	8 1915	- 1/26	2 4		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relatively the haspital or attending physician.

TO FUN AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill. The by the funeral director.

To FUN AL DIRECTOR: After this certificate has been signed by the otherwise physician and campletely fill. The by the funeral director. TO FUN VS A15 (4 15M 9/55

executed within 24 hours after death. Page 4

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, Land 2 with the registrar prior to burial, cremation, are removal.

SM 9/55

	PLACE OF DEATH a. COUNTY	rederick		MARY		2. USUAL RESIDENC	Where dece	ased lived. If institu b. COUNT	Y	e before odmissio
t		outside corporate limits, wr	rite RURAL	c. LENGTH OF STAY I	IN 1b		-	rporate limits, write		
	Myersv	0 00 00		Life		× Myer	svill	e		
(d. NAME OF HOSPIT	AL OR INSTITUTION	(If not in ho	ospitol, give street oddress	5)	d. STREET ADDRES				e. IS RESID ON A F YES N
	NAME OF DECEASED		irst	Middle		Last	4. DATE OF	Month	h	Day Year
	(Type or print)		resa	Lynn		Long	DEATH	June	29	
5. 5			-1	IED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years last birthday)	Manths Do	EAR IF UNDER 2
	Female		WIDOWE		_	Feb. 4	1958	yrs.	4 25	
10a	 USUAL OCCUPATION during most of working 	ON (Give kind of work og life, even if retired)	dane 10b.	KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (S	lote or foreign	country)	12. CITIZE	N OF WHAT CO
		none				Fred	lerick	Co. Md.	U.	S.A.
13.	FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME			
		Miller				Marcali	ne Lo	ng		
15. Yes	WAS DECEASED EV	ER IN U. S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO.		ORMANT		Address		
	No			none	Ma	rcaline	Long,	Myersvil	le Md	
		TH WAS CAUSED BY IMMEDIATE CAUSE (C	o) the	o for (a), (b), and (c).	el	Suffia	Tion			INTERVAL BETWEEN ONSET AND DEATH
7	PART I. DEAT 9 2 4. Canditions, if a gove rise to immed (a), stoting the couse last.	TH WAS CAUSED BY IMMEDIATE CAUSE (comp, which diate cause underlying)		coidents		Suffia	Tion			ONSET AND DEATH
ICATION	PART II. DEAT Q 2 4. Canditions, if or gove rise to immed (a), stoling the couse last. PART II. OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which diote cause anderlying DUE TO IER SIGNIFICANT COM	o) o	ONTRIBUTING TO DEATH	BUT NO					(o) 19. WAS AUT- PERFORM! YES X N
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		6828		CERTII	FICA	ATE OF D	EATH	1		Reg. I	Dist. No.	0 0	000
1.	PLACE OF DEATH O. COUNTY Frederic	:k		MARYI	LAND	2. USUAL RESIDE	NCE (Wharyle		l lived. If insti b. COUN		ence befo		sion)
	b. CITY OR TOWN (III RURAL ond give no Frederic		write	c. LENGTH OF STAY I	N 1b	c. CITY OR TO		of Ro		e RURAL on	d give nec	rest towr	n)
	d. NAME OF HOSPIT	AL (If not in hospitol, givek Memorial		oddress)		d. STREET AD							FARM?
	NAME OF DECEASED (Type or print)	First QUINC	Y	Middle THEODORE		LOWERY		4. DATE OF DEATH	,	Month June	Do		Yeor 19 58
5.	SEX	6. COLOR OR RACE	MARR	ED NEVER MARRIE		B. DATE OF BIRTH		9510	9. AGE (In yes		ER 1 YEAR	IF UND	ER 24 HRS.
	Male		VIDOWE	Sear.		30 Aug :	1897		last birthda	Months	Days	Haurs	Min.
100	during most of work	N (Give kind of work do ing life, even if retired)				TRY 11. BIRTHPLA	CE (State	ar foreign co	ountry)	12. 0		F WHAT	COUNTRY?
	Laborer		We	stern Unio	n		yland				USA		
13.	FATHER'S NAME					14. MOTHER'S N							
	George Lo						ra Po	meroy					
	NO DECEASED EVE	R IN U. S. ARMED FORCI	nce)	SOCIAL SECURITY NO. 191-07-6094	100	s. Lena	Lower	ry (s	ame as	item j	#2)	AN.	
		mmediate (DUE TO	se per lin	e for (a), (b), and (c).	M	71	1		7)	<i>(</i>)		ERVAL BE	
NO	lying couse lost.	(c)_ IER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO T	- Crac	NAL DISEASI	CONDITION	GIVEN IN P	ART 1(0) 1	9. WAS	AUTOPSY
CATI						//							RMED?
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESC	CRIBE HOW INJURY O	CURRE	O. (Enter nature of i	injury in P	ort I or Part	Il of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19	While	JURY OCCURRED Not while of work	20e. PL/ fac	ACE OF INJURY (Ho tory, street, office b	ome, form, oldg., etc.	, 20f. (City	or tawn)		(County)		(State)
	21. I certify th	at I attended the a	decease	ed from Meso	, 3	1 1958,	to 1	cus.	19.	Sthat	I last so	w the	deceased
(H	alive an		, 19	, and that	death	accurred at	7:054	M, from	the cause	s and an	thé da	te stati	ed above.
		C'A	10			1 5	-		reet, city or to	vn, state)	-		ATE SIGNED
Ġ	ACTUAL SIGNATURE	000	n	v-ru-c	5	M.D. 4 E.	unur	en St.			3	June	1958
	PHYSICIAN'S HAME (Type)	. P. Thomas	, м.	D.		Frede	rick,	, Mary	land				
22	o. BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 22b. DATE THEREOF		22c. NAME OF CEME St. Paul					nt of F		•	(Stot	
23.	FUNERAL DIRECTOR			ADDRESS			4o. REC'E	BY REGIST		GISTRAR'S			Tell 1

M. R. Etchison and Son, Frederick, Maryland

TO FUN VS A15 (4) 15M 9/55

requires that the death certificate be executed within 24 hours after death. Page 4

by the funeral director, of 2 should be filed with

DIRECTOR: After this certificate has been signed by the ottending physician and completely filly all be detached for use as the burial-transit permit. Then please remove carbon papers. Pages prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

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	0034	CERTIFICA	TIL OI	PLAII			Rog. Dist	. No.	
. P	LACE OF DEATH		2. USUAL RE	IDENCE (Who	ere deceosed	d lived. If institution	oni Residence	before adm	ission)
a	Frederick	MARYLAND	o. STATE	Marvla	and	b. COUNTY	Frede	rick	
Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16				rate limits, write Ri			wn)
	Bartholows	vears	X	Bartho	olows				
d	NAME OF HOSPITAL (If not in hospital, give street of NSTITUTION	address)	d. STREET	ADDRESS	70			e. 15 R	ESIDENCE A FARM?
		rv	I	R.F.D.	. # 1	, Mt. A	iry		NO D
D	IAME OF First ECEASED Type or print) ROV W	Middle Lugenbeel	l	ost	4. DATE OF DEATH	June		Day	Year 19 58
5. 5	EX 6. COLOR OR RACE 7. MARRI		8. DATE OF BIR	TH		9. AGE (In years	IF UNDER 1	YEAR IF UN	
	Male White WIDOWE		Dec.3	,1895		last birthday) 62 yrs.	Months [Doys Hou	Min.
0a.	USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTH	PLACE (State of	or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
	Fireman - B.& O. Rai	lroad Co.	Ca	rroll	Co.	Md.	I	JSA	
3. F	ATHER'S NAME		14. MOTHER	S MAIDEN N	AME				
	Harry Lugenbeel		Ef	fie B	Bea	ch			
S. \	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT			Addr	033		
		5-05-2370 M	rs Eve	lyn M	. Luge	enbeel,	Mt.	Airy,	Md.
1	IB. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]						INTERVAL	
-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACU	te Coronary	Occlu	sion				immed	in te
1	420.1 DUE TO								
9	Conditions, if any, which) (b) Cor	onery Thromb	osid '	with I	Муоса	rdial		Apri	1 10.
1	gave rise to immediate (DUETO INT	orction. Au	cicull	ar Fil	brill	etion.		1958	1 100
		dle bronch l	olock.					1300	
z i	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASI	E CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY
Ī	Thyrotoxicosis	(Adenoma of	thyr	oid)TI	hvroi	dectomy			FORMED?
Ĭ	20a. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRED				V			57 JH
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Injury							
3		NJURY OCCURRED 20e. PL	CE OF INJURY	1Home, form,	20f. (City	or town)	(Cc	ounty)	(State)
MEDI	Haur o. m. While of work	SHIRM TOLL	tory, street, offi	ce bldg., etc.)				
`	21. I certify that I attended the decease		10.5	7 . Till	ne 18	158	Alexa I Is		1
- 1	34								
П	onve on the state of the state	8, and that death	occurred o		The second second	reet, city or town.			DATE SIGNE
1	ACTUAL Z Z Kander	as charge	Dens					/19/5	0
Н	M. McKendree Bo			0 Mai		Buildi	ngv	13/3	0
	PHYSICIAN'S IN . INCITOTIOT 66 DO	yer, D.	_						
1	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF				ryland.		10.	ate)
-	REMOVAL (Specify)						2.50	(3)	uie)
	SUPTAL JUNE 22, 195	ADDRESS Morgan	Chape		BY REGIST	RAR 245 REGIS	STRAR'S SIGH	NAFURE	
	Olin La Molosum	th Damascus	B, Md.	DATBJUN		- 1/ \ . /	esue	h	
	10 0000110			31110001		P. L. 11		46	

page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death. TO FUN VS A15 (4) 15M 9/SS

tained by the haspital ar attending physician. I DIRECTOR: After this certificate has been signed by the attending physician and campletely filled

Extraction of the law s file dei oresour un in also megalle presente of e The fire Fi twelf must perfect the True the true and Name of Paris of Production ymotonalovynik akaryno lasmonesay minosimekorgak the value of the control of the winds of the same of the control o was at as our restriction of the first of the control of the contr

prior to buriol, cremation TO DEPITY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessary, please executed cute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regists, prior to burial, cremation or removol.

VS. A15ME(5) 5M 9/55 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6855
REDICAL EXAMINER'S CERTIFICATE OF DEATH

06835

Reg. Dist. No.

1. PLACE OF DEATH	Frederick		MARYL	AND	47100	CE (Where dece Marylan	ased lived. If instit	N 9.0		mery
b. CITY OR TOWN (I and give nearest town Near Urbs		RURAL C	LENGTH OF STAY IN	116		/N (If outside co	orporate limits, write	RURAL ond	-	arest town)
d. NAME OF HOSPIT Route #355	AL OR INSTITUTION (IF	not in hospita	l, give street oddress)		d. STREET ADDR	ESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First WILL I		Middle VERNON		Lost MANION	4. DATE OF DEATH	Moni		Day 7	Year 1958
5. SEX	6. COLOR OR RACE	7- MARRIED	NEVER MARRIED	8. 1			9. AGE In years (ast birthday)			IF UNDER 24 HRS.
Male	***************************************	WIDOWED		,	-	9, 1899	58 yrs.	Months	Days	mours min.
during most of working Carpent	ON (Give kind of work doing life, even if retired) CONTROL OF THE		o of business or in Building	IDUSTR	Mary:	4.0	country)	12. CITI	ZEN OF	WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIL	DEN NAME				
James O.	Manion				Ann	ie E. C	arlisle			
15. WAS DECEASED EV	ER IN U. S. ARMED FORG	rvicel	-07-3050		• James M	. Carli	Address		Mar	yland
	TH [Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		(a), (b), ond (c).] cture Base	Sk	ull		A CALL		ONSET	AL BETWEEN AND DEATH
Conditions, if o gove rise to imme (a), stoting the couse lost. PART II. OTH 20g. EXTERNAL CAI PRIMARY or CO CAUSE OF DEATH.	diote cause		shed Chest		OT RELATED TO THE	TERMINAL DISEA	ASE CONDITION GI	VEN IN PART		. WAS AUTOPSY PERFORMED?
	USE WAS NTRIBUTING 20b.		truck Culv				II of item 18.) ar Urbana	, ,		
20c. TIME OF INJU	Month, Day, Yeor June 7 19 5	While	Not while of work	factor	OF INJURY (Home, y, street, office bldg	., elc.) ;	ity or town) U rbana (Ne	ar) Fr	eder	(Stote)
21. I certify the	nat I taok charge	af the rem	nains described	abov	e, held an Au	topsy .	Inspection 🔀	, Inquir	y D .	and find the
death resulted	fram: Natural co	auses .	AccidentX	Suici	de 🔲, Hami	cide,	Undetermined -	cause 🗌		
ACTUAL SIGNATURE	Botho	mid			M.D.	AL EXAMINER (DATE SIGNED
EXAMINER'S NAME (Type)	Dr. B. O. Th	omas				IEDICAL EXAMINER	-	6	5/9/3	L958
22a. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREOF		. NAME OF CEMETER	Y OR C	REMATORY	22d. LOC	ATION (City, town,	or county)		(Stole)
Burial	June 10,	1958	Monocacy C	eme			eallsvill			laryland
23. FUNERAL DIRECTOR		at ann	Morrel and		03 104 1	REC'D BY REGI		ISTRAR'S SIG	MATURE	
He De Bur	lette, Hyatt	SCOMIL	mary tand		DAT	ETHN 1 2	58 1000	1		

MARYLAND STATE DEPARTMENT OF TELLINGHER MALTHANDER, IS CENTIFICATE OF DEATH

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CERTIFICATE OF DEATH

Reg. Dist. No.

CORD				eg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary	nere deceased lived. If institution: b. COUNTY	Residence before admission) Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16 5 Weeks		outside corporole limits, write RUR/	AL and give nearest town) 13×-2
d. NAME OF HOSPITAL (If not in hospital, give street Por Institution Memorial	Hospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Lilian	J. Middle	Martin	4. DATE OF Month DEATH JUNE	Day Year 25 1953
Female 6. COLOR OF RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED	March 17		UNDER 1 YEAR IF UNDER 24 HRS. Annths Days Hours Min.
Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	Maryle		U. S. A.
Charles C. Duvall		14. MOTHER'S MAIDEN N	Burriss	
(es, non unknown) (If yes, give wor or dates of service)		NFORMANT Lammie C. Du	Address Mt. A	Airy, Md.
PART 1. DEATH Enter only one couse per I PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cotse (o), stoting the under- lying couse last.	Struction of	Lueter the cerry	with Josal m	2-3 ma.
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT			IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE
	Not while for	ACE OF INJURY (Home, form ctory, street, affice bldg., etc), 20f. (City or town)	(County) (State)
21. I certify that I attended the decearative an 6/25, 19. ACTUAL SIGNATURE PHYSICIAN'S // 2 //	-0	•	4 /	that I last saw the deceased an the date stated above to DATE SIGNE
NAME (Type) A CAPY VI 20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL Specify) June 27	22c. NAME OF CEMETERY O Dama scu s	R CREMATORY	22d. LOCATION (City, town, or c Damascus	ounty) (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	Layton sville	, Md 24a. REC'		AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fage 4 may be required by the haspital or attending physician.

TO FUNE

DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the 2 shauld be filed with the registrar priar to burial, crematian, or remayal, and in any event within 72 hours after death. VS A15 (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Manager Manager		
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	Surfail East	
The Market Street South		
		THE RESERVE THE PERSON NAMED IN COLUMN 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6831 CERTIFICATE OF DEATH I director, filed with 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY FREDERICK b. COUNTY Marvl and MARYLAND executed within 24 hours after death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give negrest town RTCK 36YEARS pluods Braddeck Heights Rt.#5 Frederick d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memorial Hospital d. STREET ADDRESS 69 NAME OF KENNETH Middle 4. DATE DECEASED L. METCALF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years March 12, 1897 WIDOWED T DIVORCED [popers. Oc. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Dairy Superintent for Chestnut Farms Fillmere N.Y. ofter death pup corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clayton A. Metcalf 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 578-03-5219 Ric please 18. CAUSE OF DEATH [Enter only one cause pec line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: that DUE TO é After this certificate has been signed by hed for use as the burial-transit permit. rial, cremation, or remayal, and in any or Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. or attending physician. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 0 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF I detached for use Hour a. fl. foctory, stre While Not while of work of work p. m. 21. I certify that Lattended the deceased from A und alive on and that death occur DIRECTOR: ACTUAL pe

Charles H. Conley.

22c. NAME OF CEMETERY OR CREMA

ADDRESS

MT. Olivet Ceme

22b. DATE THEREOF

06838

e. IS RESIDENCE

ON A FARM? YES NOT

Year

1058

Rea. Dist. No.

Month

Months

June

Frederick

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

28

USA.

Fley Lathrep	
NT Address nard M. Metcalf(Sen) Rt.#5 Fre	ederick, Md.
of Sigmoid ?	INTERVAL BETWEEN ONSET AND DEATH
to liver	3 Mos.
ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(
	PERFORMED? YES NO
nature of injury in Port I or Port II of item 18.)	
NJURY (Home, farm, 20f. (City or town) (Cou	nty) (Stote)
1958, to 25 Jane, 1953, that I las	t saw the deceased
P.M., from the causes and on the ADDRESS (Street, city or town, state)	date stated above. DATE SIGNED 6/30/58
Frederick, mx)
TORY 22d. LOCATION (City, town, or county)	(Stote)
ery Frederick Md.	,
DATE JUL 3 245 REGISTRAR'S SIGN.	ATÚRE

TO FUNI VS A15 (4) 15M 9/55

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PHYSICIAN'S Dr.

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

For Miscola Violentia MARKET CONTRACTOR OF THE RESERVE OF Management of the Linguistic Management of the Control of the Cont AND THE PROPERTY AND ADDRESS OF THE PARTY AND the day of the same of the sam

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Reg. Dist. No.

1. PLACE OF DEATH	rederick	MARYLAND	2. USUAL RESIDENCE (W	/here deceased lived	. If institution		re admission)
RURAL and give	I (If outside corporate limits, write nearest town) derick	c. LENGTH OF STAY IN 16 2 WKS	c. CITY OR TOWN (IF	outside corporate lie		RAL and give ned	arest fown)
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, give street N Frederick Met		d. STREET ADDRESS	d Stree	t		e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	WILLIAM E	Middle DWARD NOR	WOOD	4. DATE OF DEATH	Month JUNI	Do 11.	Year 1958
s. sex male	6. COLOR OR RACE 7. MAR White WIDOW	VED DIVORCED	B. DATE OF BIRTH 2-25-1890	6	Birthday) /	Months Days	Hours Min.
100. USUAL OCCUPA during most of w Mecha 13. FATHER'S NAME	TION (Give kind of work done 10b orking life, even if retired) nic retired Jesse F. No	Auto	Maryla 14. Mother's maiden Margare	NAME		U.S.	F WHAT COUNTRY?
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? Iff yes, give wor or dotes of service 2		INFORMANT Irs. Viola I	Norwood,	Addres Same		
Conditions, if gove rise to code (a), stating lying couse late of the contribution of contribution (if Either, NOTI	immediate put to out 260 X (c) OTHER SIGNIFICANT CONDITIONS, home of the	CONTRIBUTING TO DEATH BUT	Dialeter	mell	tus	IN PART I(o)	9. WAS AUTOPSY PERIORMED? YES NO
20c. TIME OF INJ Hour a. n p. n 21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	n. 10 While	ork of work of seed from 5/28	ACE OF INJURY (Home, for ictory, street, office bldg., et	6/11	, 1952,	d an the dat	(State) The deceased the stated above. DATE SIGNED
220. BURIAL, CREMAT REMOVAL (Speci BURTAT 23. FUNERAL DIRECTO	. 6-14-1958	22c. NAME OF CEMETERY C Pine Grov ADDRESS		Mt. Air	City, town, or	county)	(Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be added by the haspital ar attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director. py the funeral directar, 2 should be filed with may be to lined by the haspital ar attending physician.

• FUNE

• DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages the registrar priar to burial, crematian, ar remaval, and in any event within 72 hayes-after death.

VS A1S (4) 1SM 9/55

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CERTIFICATE OF DEATH

Reg. Dist. No.

-10	- Y			
	1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Maryland	ed. If institution: Residence b b. COUNTY Freder	
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give neores! lown) Rural Brunswick	c. CITY OR TOWN (If outside corporate Brunswick	limits, write RURAL and give	nearest town)
7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON highway route 340 Enroute to Hospital in Ambulance	d. STREET ADDRESS	t "12 (Eye)	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) William E.	Oh ley 4. DATE OF DEATH	6 Month 19	9007 1958
	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. DATE OF FIRTH 9.	AGE (In years of UNDER 1 YE	EAR IF UNDER 24 HRS. ys Hours Min.
7	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU Retired most of working like green retired). R. Co Transfer	STRY 11. 8IRTHPLACE (Stote or foreign count D. C. Maryland		OF WHAT COUNTRY?
	James Henry Onley	14. MOTHER'S MAIDEN NAME Sarah	Harper	
	(Yes, no, or unknown) (If yes, give war or dates of service)	nformant rs.Lottie Onley, 1	Address Brunswick, Ma	aryland
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral	Hemorrhage		NTERVAL BETWEEN DISET AND DEATH
	Conditions, if any, which gove rise to immediate cause (o), stating the under-	Sportension		Unknown
0	Iying couse last. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT			19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Part I ar Part II o		
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While of work 19 of work 19	ACE OF INJURY (Hame, farm, 20f. (City or ctory, street, affice bldg., etc.)	town) (Caun	nty) (State)
	21. I certify that Lattended the deceased fram. 6/19 alive an 6/19, 1958, and that death		he causes and an the co, city or lown, state)	
1	PHYSICIAN'S Henry V. Chase NAME (Typo) Henry V. Chase	M.D. 4 C. Church	maylar	d 117/58
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 6-22-58 A. MEthido		rsville, Mary	yland
	23. FUNERAL DIRECTOR'S SIGNATURE Brunswick, Mer	yland 24a. REC'D BY REGISTRAR	246 REGISTRAR'S SIGNA	

by the funeral director, 2 shauld be filed with-TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 gined by the haspital ar attending physician.

**DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. page 3 snould be detached for use as the burial-transit permit. Then please remaye carban papers. Pages is the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. TO FUNE VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6833 CERTIFICATE OF DEATH

Reg. Dist. No. 06842

						THE RESERVE THE PERSON NAMED IN		- A Fe/
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAN	2. USUAL RESIDENCE (W. o. STATE Mary		ved. If institution b. COUNTY		fore odmiss	ion)
b. CITY OR TOWN RURAL ond give Frederick		write c. LENGTH OF STAY IN 1	c. CITY OR TOWN (IF		e limits, write Ri	URAL and give n	learest fow	n)
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, give	street address)	d. STREET ADDRESS Francis		v Hotel			SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	MARY	Middle J BERLIN	RIDDE LL	4. DATE OF DEATH	Moni June	th 19.	,	Year 1958
5. SEX Female	TOWN A A	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH December 25	- 00.4	AGE (In years lost birthday) 72 yrs.	Manths Days		ER 24 HRS. Min.
10a. USUAL OCCUPAT during most of year	ION (Give kind of work don- orking life, even if retired)	At Home	Penna •	e or foreign coun	ntry)	12. CITIZEN	OF WHAT	
13. FATHER'S NAME E. I	H. Berlin		14. MOTHER'S MAIDEN Unkr					***
1S. WAS DECEASED EV	VER IN U. S. ARMED FORCES (If yes, give war ar dates of service) NO		Mrs. John R. H	1303 ayne,	South #18	W Road, re 18, M	laryla	and
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any, which immediate g the under-	per line for (a), (b), and (g).]	vie Payelo	ugh	itis .	IN OF	ITERVAL BE	DEATH
CATIC		IONS CONTRIBUTING TO DEATH				EN IN PART I(o)	19. WAS PERFO YES	AUTOPSY PRMED?
\$ 20c. TIME OF INJU	IG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Year	b. DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20e.	PLACE OF INJURY IHome, for	m, 20f. (City or		(Count)	y)	(State)
	. 19	While Not while of work of work	factory, street, office bldg., et					
21. 1 certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Throng &	19.55 and that declared tone	, 1853, to 3 ath occurred at _/	A_M, from I		nd on the d	ate state	
220. BURIAL, CREMATI REMOVAL (Specif Entombmer	it June 22,]		emorial Cloist	er	N (City, town, o		(Stot	
23. FUNERAL DIRECTO		ADDRESS Frederick, Maryl		OD BY REGISTRA	R 24b. REGIS	TRAR'S SIGNAT	URE	

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06843 5 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN 11f outside c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 00 YES NO NAME OF Middle 4. DATE Day Month DECEASED (Type or print) DEATH 19 4 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE Hours WIDOWED [DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) reserve 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 40 IN U. S. ARMED FORCES? 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: 1 miles IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO V 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) Deiso Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Stole) factory, street, affice bldg., etc.) While Not while G. m. at work of work p. m. 21. I certify that I taak charge of the remains described abave, held an Autopsy [], Inspection N, Inquiry N, and find that Suicide , Undetermined cause death resulted fram: Natural causes Accident . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 Frederick Co., Md. Prospect 6-10-1958 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Winfield, Md. VS. A15ME(5) C. M. Waltz. DATEUN 1 0 '58 SM 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06844 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND Page b. CITY OR TOWN III c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hampitol, give street address) d. STREET, ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE Month Year DECEASED (Type or print) DEATH 190 5. SEX 7. MARRIED _ NEVER MARRIED AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH Months Days Hours WIDOWED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Suberviso 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address INTERVAL BETWEEN CAUSE OF DEATH, [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO A 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hope, form, While Not while gctary, street, office adg., etc.) Month, Day, Year 20c. TIME OF INJURY i 20f. (City of town) (County) (Slate) While Not while RIV 10 1958 at work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 17 , and find that Inquiry death resulted from: Natural causes , Accident , Suicide | Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TH NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22g. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) EMOVAb (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

 6835 CERTIFICATE OF DEATH

8 ()6845 Reg. Dist. No.

	000)		PIX (III)	U/1.	- 01 017	****			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	rederick			MARYLAN		USUAL RESIDENCE o. STATE Maj	E (Where		d lived. If instituti b. COUNTY		rede		000
RURAL ond give no	f outside corporate limitarest town) rederick	its, write	c. LENGTH	60 yrs		c. CITY OR TOWN	d (If outs		rote limits, write R	URAL ond	give ned	arest tow	n]
	AL (If not in hospital, of Cast Fi				1	d. STREET ADDRES		st F	ifth Stre	eet		ON	SIDENCE A FARM?
B. NAME OF DECEASED (Type or print)	Daniel	st	В.	Middle	Smit	Lost h	4	OF DEATH	Mor Ji	ine	24	th	Year 19 58
S. SEX Male	6. COLOR OR RACE White			} .011/01/01/01/01		ate of Birth [arch 10-]	1886		9. AGE (In years lost birthdoy) 72 yrs.	Months Months	R 1 YEAR Days	Hours	PER 24 HRS. Min.
Og. USUAL OCCUPATION during most of work Grocer	ON (Give kind of work king life, even if retired)	KIND OF BL	JSINESS OR IN	NDUSTRY	11. BIRTHPLACE ((State or	foreign co	ountry)	12. C	U.S		TCOUNTRY
3. FATHER'S NAME			EXCH-	THE PERSON NAMED IN	1	4. MOTHER'S MAID	DEN NA	ME					
Jame	s H. Smith					Marga	aret	Horn	ne				
(Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SEC 217-32-		Mrs.	RMANT Daniel I	B. S	mith-	Add -101 E.5t		Ma -Fr	ryla eder	
Conditions, if o gove rise to i cotse (o), stoting lying couse lost.	mmediote (<u>La</u>	zedi	ā v	esc	inlar	de	sla	s.l.		3:	Per	2+
ICATIC	AS UNDERLYING CAUSE OF DEATH					T RELATED TO THE I				EN IN PA	RT 1(o) 1	PERF	AUTOPSY ORMED?
(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER)	ar 20d. It White of wor	NJURY OCCU	hile		OF INJURY (Home, , street, office bldg		20f. (City	or town)		(County)		(Stote)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S D	BOHO B.O.Thor		38,0	The second second	ath oc		30P.	siona	# 19.55 In the causes of treet, city or town, all Bldg. Maryland	and an		te stat	
220. BURIAL, CREMATIC REMOVAL (Specify) BUTIAL	ON, 22b. DATE THEREC		22c. NAM	E OF CEMETER		REMATORY		2d. LOCA1	TION (City, town, coderick-M			(Sto	te)
23. FUNERAL DIRECTOR	'S SIGNATURE	W,	ADDRE	ess ok-Man	arl on		REC'D	BY REGIST	RAR 24b. REGI				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be claimed by the hospital or attending physician.

TO FUNKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Page: Johd 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours offerdeath. VS A15 (4) 15M 9/55

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MARYLAND STATE DELASTABLE OF HEALTH BALLIMORE.

		2500	CERTIFIC	AIE OF DEATE		Reg. Dis	it. No.	
1.	PLACE OF DEATH	rederick	MARYLAND	2. USUAL RESIDENCE (WE o. STATE MATY	Land b. CO	unty Fre	abric:	ision)
	RURAL ond give ne		2 Tragns	e. CITY OR TOWN (IF o	outside corporote limits, w	vrite RURAL and g	give nearest to	wn)
	d. NAME OF HOSPIT OR INSTITUTION	rick AL (If not in hospital, give stra LL 5th Avenu		d. STREET ADDRESS	Avenue		ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Cathy	Mae Mae	Spence	4. DATE OF DEATH 6	Month	30 ^{Day}	1958
5.	Female		ARRIED NEVER MARRIED	6-15 -4958	9. AGE (In legst birth	1	Days Hou	
100	during most of work	ing life, even if retired)	ob. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote Maryla			S.A.	AT COUNTRY
13.	FATHER'S NAME	Lloyd Sper	nse	14. MOTHER'S MAIDEN N		a Sigle	r	
	WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		informant irs. The lma	Spence ,B	Address runswic	k, Mar	yland
CERTIFICATION	Conditions, if or gave rise to it couse (o), stating lying couse lost. PART II. OTH	the <u>under-</u> DUE TO (c)	BRONCHO	DIY ELI MU	TV A	DN GIVEN IN PAR	PER	S AUTOPSY FORMED?
MEDICAL CERTIFI	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 20:	nile Not while work of work	ED. (Enter noture of injury in PLACE OF INJURY (Home, form octory, street, office bldg., etc., 19	17, 20f. (City or town)		County)	(State)
	actual signature Physician's NAME (Type)	- 30 , 11 - 30 , 11	N KAC, M. J.		M, fram the cau ADDRESS (Street, city or	ses and an the town state)		
	BURIAL, CREMATION PENOVALISMENT (SECTIVE)	7-2-1958 s signature	22c. NAME OF CEMETERY Union	24a. REC	22d LOCATION (City, LOVE LSV	REGISTRAR'S SIG	irgin	(ध)
1	3. tu Fa	Brun	swick, Maryla	nd DATE J	UL 7 '58 (deles	uch	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNDARY DIRECTOR: After this certificate has been signed by the attending physician and campletely fill by the funeral director. may by the hospital ar attending physician.

O FUN AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill,

bage 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Page: Trand 2 should be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	0.004
6836 CERTIFICA	ATE OF DEATH Reg. 1	06847 Dist. No.
ederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Resid o. STATE Maruland b. COUNTY L.	ence before admission
(If outside carporate limits, write nearest town)	c. CITY OR TOWN Wantside corporate limits, write RURAL on Walkerswille	give nearest town)
MELLONIAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENC ON A FARM YES NO
MYURTLIN MAYNARI		Day Year 2 19 5 FR I YEAR IE LINDER 24 H

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
	•	o. COUNTY Frederick MARYLAND	a. STATE Maryland b. COUNTY Frederick
		b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Mautside corporate limits, write RURAL and give nearest town)
		Brederick 10 Russ	× Walkersville
1		d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
7	Z	red Memorial Hospital	ON A FARM? YES NO
		NAME OF First Middle	Last 4. DATE Month Day Year
		DECEASED (Type or print) MYURTLIN MAYNARI	G - OF OF
П	5. 5	SEX 6. COLOR OR RACE 7. MARRIED THEY MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) Wanths Days Hours Min.
		M WIDOWED DIVORCED	Oct 8, 1888 (Gy yrs. Manths Days Hours Min.
	10a	I. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Farmer own farm	- Maryland U.S.A.
1	13.	FATHER'S NAME	14. MOTHER'S MADEN NAME
		John E. Spurier	Juliet Marmard
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
		70 216-22-9953 7	Mrs. Myurtlin M. Spurier Uncker wille Mit
		18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Ocute musoca	rdial, Laiting + pulmayans orders 24 hours
		492× DUE TO 1 01	
	Ħ	Canditions, if any, which) (b) throwing also	need marining 3 day
		gave rise to immediate coese (o), stating the under-	
		lying cause last. 260 x	
-	O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
-	CERTIFICATION	Vrabeter welliting mild of filmer	emater gethrite, severe YES NO 1
	RTIF	200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II af item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MED	Haur o. m. 19 While Nat while to at work at work	recury, street, diffice blog., etc.)
		21. I certify that attended the deceased from 1 Jen	
		3/9.	h occurred ot 8 5 LM, from the couses and on the date stated obove.
	-		ADDRESS (Street, city or town, state) APATE SIGNED
		ACTUAL SIGNATURE ANNO . BOWN	us Walkers Ol. Mad 27 kings
F			mile and the state of the state
		NAME (Type) JAMESE, STONER IN	
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMPTERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
I	1	Burial 6/29/58 Mt. Olivet	Cemetery Frederick md.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 46 REGISTRAR'S SIGNATURE
	7	g.c. Barten Walkersville,	md. DATE JUN 3 0 58 With educh

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06848

683	7	CERTIFIC	ATE OF D	EATH			Reg. Dist. No.	0010
1. PLACE OF DEATH o. COUNTY Frederick		MARYLAND	o. STATE	Varvla		If institution:	Residence before	
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	its, write	c. LENGTH OF STAY IN 16			utside corporate lin	nits, write RUR		
Frederick		Id fe	1 X	Frede	rick			
d. NAME OF HOSPITAL (If not in hospital, gor INSTITUTION 7 E. Lith		ddress)	d. STREET A		3rd. St.			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) IYDIA		Middle CATHERINE	STALEY		4. DATE OF DEATH	Month June	Doy 29	Yeor 1958
5. SEX 6. COLOR OR RACE Female White	7. MARRIE	DIVORCED	B. DATE OF BIRTH		9. AGI 1886		UNDER 1 YEAR I	
100. USUAL OCCUPATION (Give kind of work during most of working life, even if retired Domestic	done 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHPL		or foreign country)		12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S				USA	
Rufus A. Rs 15. WAS DECEASED EVER IN U. S. ARMED FOR Yes. no. of unknown) (if yes, give wor or dotes of to		OCIAL SECURITY NO. 17.	INFORMANT	Susan	L. Boy	11 Addres	Kevin Roa	
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last. Part II. OTHER SIGNIFICANT CON	(a) Co	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO	THE TERMIN	NAL DISEASE CON	DITION GIVEN		WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of	f injury in P	ort I or Port II of i	tem 1B.)		
20c. TIME OF INJURY Month, Day, Ye Hour o. m. 19	or 20d. IN. While of work		PLACE OF INJURY (I actory, street, affice			(n)	(County)	(State)
21. I certify that I attended the alive an 2 g. ACTUAL SIGNATURE PHYSICIAN'S Dr B.O. Thom	19	d from John B., and that deal	_ M.D	11:15/ 228 No	M, from the ADDRESS (Street, ciorth Mark	Causes and ly or town, sta	d an the date	
220. BURIAL, CREMATION, 226. DATE THEREC	OF .	22c. NAME OF CEMETERY	OR CREMATORY	redel	22d. LOCATION (**	(State)
REBITIATION July 2,1 23. FUNERAL DIRECTOR'S SIGNATURE M.R. Etchison & Son;		Mt. Olivet ADDRESS rick, Md.	cemetery	24a. REC'C	BY REGISTRAR	24b. REGISTR	AR'S SIGNATURE	

VS A1S (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE ON A FARM? YES NO T 195 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY?

PERFORMED?

YES NOTE

(Stole)

ONSET, AND DEATH

(County)

1958 that I last saw the deceased and that death accurred at 12-45 HM, from the causes and on the date stated above. ADDRESS (Street, city or town, state)

(Stote)

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

				ATE OF AL	YIYAH		
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			SAUTHS .			35	
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March March		Total or					
			L. July 1				

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MARYLAND STATE DEPARTMENT OF HEALTH	I-BALTIMORE, 18
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6859 CERTIFICATE OF DEATH

Reg. Dist. No. ()6850

									Mag. D	191. 110.		
1. PLACE OF DEATH o. COUNTY	Frederick		MA	RYLAND	2. USUAL RI a. STATE	Maryla		d lived. If institut b. COUNTY	,	ederi		ion)
b. CITY OR TOWN RURAL and give Buckey	N (If outside corporate limite negrest town) 75 LOWN	ls, write	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Buckeystown)
	SPITAL (If not in haspital, g	ive street			d. STREET ADDRESS e. 1S RESIDENC ON A FARM YES \(\text{NO} \) NO							FARM?
3. NAME OF DECEASED (Type or print)	DECEASED				Middle Lost 4. DATE Month OF DEATH SUNCE					20,)	19 58
5. SEX Female	6. COLOR OR RACE White	7. MARE	RIED MEVER MAR		B. DATE OF BI		394	9. AGE (In years last birthday) yrs	Months .	Days	Hours	R 24 HRS. Min.
Housewife	ATION (Give kind of work of varking life, even if retired 3	ione 10b.	At Home			PLACE (State	ar fareign o	country)	12. C	US		COUNTRY?
13. FATHER'S NAME	John J. Ponte	on			14. MOTHE	R'S MAIDEN N		ie Jane	Lowe			
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY I		· Leo	Strailm	nan ,	Buckeyst	own,	Maryl	and	ATA
Canditions, if gave rise to cause (o), statillying cause la	immediate DUE TO	2	uglet		me	el.L	-			37	20,	<i>-</i>
PART II. () 20g. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOTI	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEAS	SE CONDITION GI	VEN IN PA		PERFO	AUTOPSY PRMED? NO NO
	WAS UNDERLYING DOWN CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter natur	e of injury in l	Part I or Pa	rt II of item 18.)				
20c. TIME OF IND	m. 10	20d. I While at war	NJURY OCCURRED Not while	20e. PL fa	ACE OF INJUR	Y (Hame, farm fice bldg., etc	, 20f. (Cit	y or town)		(County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the I govern in grant i	., 19.2 Thom	, and th	at death	occurred M.D. Pr	ofessio	M, from ADDRESS (Sonal B		ond an , state)	the date	6/2	ed obove ATE SIGNED 1/1958
220. BURIAL, CREMA REMOVAL (Spec Burial	June 23				t Ceme	tery	Fr	rederick,		Ma	(Stot	
M. R. Etc	or's signature chison & Son	Fre	address derick, M	aryla	ınd	DATE D	D BY REGIS	11 2	ISTRAR'S S	ich		

CERTIFICATE OF DEATH

STATE OF STREET STATE OF STATE THE RESERVE OF THE PARTY OF the day of the control of the control of A A TO THE RESERVE OF THE RESERVE OF THE PARTY OF THE PAR beautiest, sie bestellt in TO THE PARTY OF TH ALLE THE LIMIT OF THE SECTION OF THE

by the funeral director, and 2 should be filed with

TO HOSPIJAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

may be etained by the hospital or ottending physician.

D FUN AL DIRECTOR: After this certificate has been signed by the attending physicion and completely fill, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

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6860

CERTIFICATE OF DEATH

	DOI	U CERTIFIC	CAIL OI DEF		F	Reg. Dist. No.	
1. PLACE OF DEATH COUNTY Fre	ederick	MARYLAN	o. STATE	(Where deceased liv	b. COUNTY .	Residence before	
RURAL and give	(If outside corporate limits, winearest town) -Rural RD#1	since 8/57		(If outside corporote k-Rural RI		RAL and give near	rest town)
OR INSTITUTION	oad, Near Lewi	street oddress)	d. STREET ADDRES	SS		•	N. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ELLIOT	Middle TE LYCURGUS	WACHTER	4. DATE OF DEATH	Month Ju	1	Year 1958
5. SEX Male		MARRIED NEVER MARRIED DOWED DIVORCED	-1 -0-	2 9.		Months Days	Hours Min.
100. USUAL OCCUPAT during most of wo Retired F	rking life, even if retired)	10b. KIND OF BUSINESS OR IN Farm Owner	DUSTRY 11. BIRTHPLACE (S		(7)	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAID	DEN NAME			15700
Wesley A.			Susan	na V. Smit	th		
15. WAS DECEASED EV (Yes, no. or unknown)	(If yes, give wor or dates of service)	William L. W	achter (S	Addres Same as :		
gove 'rise to couse (o), stating lying couse lost PART II. O'	the under- DUE TO	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	TERMINAL DISEASE CO	ONDITION GIVEN	N IN PART 1(0) 19	WAS AUTOPSY PERFORMED? YES NOTO
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCU					NO THOUSE
20c. TIME OF INJU Hour o.m. p. m.	10	20d. INJURY OCCURRED 20e. While Not while at work of work	PLACE OF INJURY (Home, foctory, street, office bldg.	term, i 20f. (City or ., etc.)	town)	(County)	(Stole)
21. I certify to alive on	that I attended the de	17/		:15PM, fram Il	he causes and t, city or town, sta	d an the date	w the decease e stated abov DATE SIGNE 6—6—58
	James B. Thom		Frederi				
220. BURIAL, CREMATE REMOVAL (Specify Burial	6-7-58	22c. NAME OF CEMETER Zion Cemet			N (City, town, or Lesville	, Maryla	(Stote) nd
23. FUNERAL DIRECTO M. R. Et		Frederick, Mar	face free	REC'D BY REGISTRAN	24b REGIST	RAR'S SIGNATUR	E

TO FUN VS A15 (4) 1SM 9/55

AND ENGINEERS PROPERTY month band, the think allecte Distriction V. Paint I'm made an especial description of madelity 22 C. Louist, Cont. Character Inc. depends 125 Exercise the control of the control Company of the following the first the control of t n u-f-ed a style lemecary a Constanyll e, lugious

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by the funeral director, and 2 shauld be filed with

CEDTICICATE OF DEATH

	000		CEKTIFIC	AII	OF DEAT	П		Reg. Di	st. No		
1. PLACE OF DEATH a. COUNTY Fre	derick		MARYLAND	11	- CTATE						ion)
RURAL and give ne	earest tawn)	its, write	c. LENGTH OF STAY IN 16	1			porote limits, write R	URAL and	give ned	arest lowr	1)
d. NAME OF HOSPIT OR INSTITUTION Frederic	AL (If not in hospitol, galak Memorial	Hosp	oddress)			ee Pla	ace			ONA	FARM?
3. NAME OF DECEASED (Type or print)			Middle A •		WAHL.	OF	_	_			Yeor 1958
5. SEX Female	6. COLOR OR RACE						9. AGE (In years last birthday) 71 yrs.	Months	Days	Hours	ER 24 HRS. Min.
during most of work	king life, even if retired	dane 10b.	Own Home	DUSTRY			country)			F WHAT	COUNTRY
					Annie (La						
						(Same					
PART I. DEA' 332× Conditions, if or	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which (b)	n)	Broucho Cerebral	0		i eci			INT ON:	SET AND	DEATH
lying couse lost.	the under DUE TO	:)	Autorio								year
CATIC								VEN IN PAR	T 1(o)	PERFO	RMED?
	MEDICAL EXAMINER)								Countyl		(Stote)
20c. TIME OF INJUR Haur o. m. p. m.	19	While	k of work	foctory,	street, office bldg., e	tc.)					
21. I certify the alive on	of 1 oftended the Lune 26				curred at 7:30	ADDRESS (om the causes of Street, city or town,	and on t	he da	ite state	ed obove
	DUNNY Frederick WARYLAND O. STATE Maryland D. COUNTY Frederick TY OR TOWN (if outside corporate limits, write RURAL and give necest to read of give necest from) Frederick 1 Year Frederick 1 Year Frederick AL STREET ADDRESS 633 Lee Place ON STATE Manyland OPPORT AND CONTROLLING THE COLOR OF RACE P. MARRIED DIVORCED DIVORCE										
Burial (Specify)	6-30-58		C. LENGTH OF STAY IN 16 1 Year C. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest lown of the care of the control of the control of the care of the control of the care of t	e)							
		700 V	Washington St.	• ,		JUN 3	STRAR 246. REGI	STRAR'S SI	COLL	the	

may be etained by the hospitol or attending physician.

D FUN AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filly page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages the registror prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO FUN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page A VS A15 (4) 15M 9/55

HTAEG TO STADERTHED The dealers of the 25 miles and the second of the inslains and another the seeming district constitutions THE RESIDENCE OF COURSE OF SHORE OF SHO Samuel On some) I fill become a sent THE WARRY WAS A STATE OF THE PARTY OF THE PA suppose of the transfer of the control of the contr AND THE PARTY OF SERVICE CO. wanted analysis of the control of th The state of the s

PLACE OF DEATH

NAME OF DECEASED (Type or print)

Female

13. FATHER'S NAME

10a. USUAL OCCUPATION during most of working Domestic

Hugh 15. WAS DECEASED EVER (Yes, no, or unknown) Ma

S. SEX

b. CITY OR TOWN (If RURAL ond give nec Frederick d. NAME OF HOSPITA Frederic

MARYLAN	D STATE DEPARTM	LENT OF HEALTH	-BAL	TIMORE, 1	8					
6840	CERTIFICA	ATE OF DEATH	06853							
rederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Frederick								
outside corporate limits, wri rest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick								
L (If not in hospital, give str k Memorial F		d. STREET ADDRESS 103 S. Ben	ON	e. IS RESIDENCE ON A FARM? YES NO						
First Ella Joanne	Middle Clarke Whiting	Last	4. DATE OF DEATH	June	th 3	Day	Year 19 58			
	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 16-1881		9. AGE (In years lost birthday) 76 yrs.		YEAR IF UN				
N Give kind of work done 10b. KIND OF BUSINESS OR IND ng life, even if retired)		STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN Howard Co. Md.					AT COUNTRY			
Henry Clarke		14. MOTHER'S MAIDEN N		771						
IN U. S. ARMED FORCES? yes, give wor or dates of service)		INFORMANT James M. Gaith	er-Mt	Airy-Rt		arroll	Co. M			
H [Enter only one couse portion of the couse portion of the couse portion of the cou	er line for (o), (b), and (c).] Arterioacle of	i + distete	i q	oroner	of her	INTERVAL ONSET AN				
DUE TO	Distetes			V	00	40	ne			
mediote DUE TO	Somilita					2 40	4.0			

	110				
	18. CAUSE OF DEATH [Enter of	only one cous	e per line for (o), (b), and (c).]		ITERVAL BETWEEN
	PART I. DEATH WAS CA	USED BY:	artenocleratic + dialetic	gargiere de tot	NSET AND DEATH
	260×	DUE TO		1 01	
	Conditions, if any, which	(b)_	Drafiles		years
	gove rise to immediate codse (a), stating the under-	DUE TO	Serility	inschentic + dealetic gangrene of fork 2 y and the secondition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given in PART 1(0) 19. We per second to the terminal disease condition given give	- years
ATION	PART II. OTHER SIGNIFI	CANT CONDI	TIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form,

MEDICAL 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. Not while ot work ot work p. m.

21. I certify that I attended the deceased from ____ 19_5 R, that I last saw the deceased and that death occurred at_____M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Fairview Burial

ADDRESS

22d. LOCATION (City, town, or county)

Frederick, Md.

Charles E. Hicks Ill Frederick, Md.

23. FUNERAL DIRECTOR'S SIGNATURE

24a. RECIPIEY REGISTEAR DATE

246. REGISTRAR'S SIGNATURE

(Stote)

VS A1S (4) 1SM 9/55

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by the funeral director, of 2 should be filed with may be retained by the haspital ar attending physician. 2 FUN AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filly page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4

may bi ratained by the haspital or attending physician.

TO FUN IL DIRECTOR: After this certificate has been signed by page 5 should be detached for use as the burial-transit permit.

VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6861

CERTIFICATE OF DEATH

06854 Reg. Dist. No. 139

1. PLACE OF DEATH o. COUNTY	Frederick		MARYLA		o. STATE			ITY AS .			on)
b. CITY OR TOWN (f outside corporate limi	its, write	c. LENGTH OF STAY IN	116		A	orote limits, writ			ď	
	earest town)		39 dave				0	,			
d. NAME OF HOSPIT	AL (If not in hospitol, s	give street						11	e.	IS RESID	DENCE
	en State H	nanit	al		St. Marv	's Terr	ace				
3. NAME OF			Middle		Lost	4. DATE	٨	Nonth	Day	Ye	ear
(Type or print)	Terence	9	P.		Woods	DEATH	4 Jw	ne	23	19	9 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. D/	TE OF BIRTH		9. AGE (In year	IF UNDER			
Male	White	WIDOWE	DIVORCED	□ Ju	ly 30, 18	79	78	rs. Months	Days	Hours	Min.
during most of wor	king life, even if refired	3					country)			WHAT (COUNTRY?
13. FATHER'S NAME				14	MOTHER'S MAIDE	N NAME					
Patrick W	foods				Mary Ann	Keatin	g				
			SOCIAL SECURITY NO.	17. INFOR	MANT		A	ddress			
No	(it yes, give wor or dates or t	U	nknown	Reco	rds of Vi	ctor Cu	llen St	ate Ho	spi ta	1	
Conditions, if o gover ise to i cotise (o), stoting lying couse lost.	ny, which mmediate the under-	Far	Advanced P	ulmon	ary Tuber		(0:		39 bout	day l yr	vego)
20a. ACCIDENT WA	AS UNDERLYING [PERFOR.	MED?
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084	1 CERTIFIC	ATE OF DEATH	Reg. Di	st. No.
PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUL RESIDENCE (Where decease o. ST. Maryland	b. COUNTY	
b. CITY OR TOWN (If outside carporote lim RURAL and give neorest town) Frederick	its, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corp	orote limits, write RURAL and	give nearest town)
OR INSTITUTION		d. STREET ADDRESS Petersville	Road	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Mary	rst B: Middle	CANKOOP 4. DATE OF DEATH	June	25 1958
Female 6. COLOR OR RACE White	WIDOWED DIVORCED	7-23-1886	9. AGE (In years left UNDER Manths) 71 yrs.	Days Hours Min.
House wife	dane 106, KIND OF BUSINESS OR IND	Maryland	country) 12. CI	TIZEN OF WHAT COUNTRY?
T.T.Th			Margaret Ma	thews
(es, no. Nuchnown) (If yes, give wor or dates of	RCES? 16. SOCIAL SECURITY NO. 17.		Frederick, M	aryland
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c 443 × DUE TO Conditions, if ony, which gove rise to immediate code (a), stoting the under-	Hypetern	Carlinamelo	bisease	3 years
				TT 1(a) 19. WAS AUTOPSY PERFORMED?, YES NO
20c. TIME OF INJURY Month, Day, Ye Haur a.m. p. m.	var 20d. INJURY OCCURRED 20e. I	PLACE OF INJURY (Hame, farm, 20f. (Cit actary, street, office bldg., etc.)	y or town) (County) (State)
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